

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

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PROI	DUCER				CONTACT Vanderburg Insurance						
San	Fernando Valley Heart Insurance Service				PHONE (A/C, No, Ext): (818) 885-5257 FAX (A/C, No): (818) 882-5390						
Lic #	FC290237				E-MAIL ken@sfvhinsurance.com ADDRESS:						
21021 Devonshire Street #101						INSURER(S) AFFORDING COVERAGE NA					
Chatsworth CA 91311						INSURER A: PHILADELPHIA INSURANCE CO					
INSU	RED				INSURER A .						
	Club Affiliates of the American	Bass A	ssocia	ation	INSURER B:						
	12340 Seal Beach Blvd				INSURE						
#B120						INSURER D:					
	Seal Beach			CA 90740	INSURER E :						
COV		TIEIC	ATE	0	INSURE	RF:		DEVISION NUMBER.			
	COVERAGES CERTIFICATE NUMBER: CL2122207675 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD										
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS											
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
					REDUC	POLICY EFF	_AIMS. POLICY EXP				
INSR LTR			SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	() LIMITS		£ 1,000,000	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	a ,		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,		
								MED EXP (Any one person)	a a	LUDED	
Α				PHPK220931	ļ	01/26/2021	01/26/2022	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					l			E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
RE:	AFFILIATED CLUB OF THE AMERICAN E	ASS A	SSO	CIATION - BASS CLUB OF S	AN DIE	GO					
CFF	TIFICATE HOLDER IS INCLUDED AS AD	DITIO	NAI IN	NSURED AS RESPECTS TO	JRNAM	ENTS HELD D	URING THE P	OLICY PERIOD			
02.		2						02.01.21.102.			
CEF	CERTIFICATE HOLDER CANCELLATION										
								SCRIBED POLICIES BE CAN) BEFORE	
D 011 (0 D								F, NOTICE WILL BE DELIVER 7 PROVISIONS.	ED IN		
Bass Club of San Diego						ACCORDANCE WITH THE POLICY PROVISIONS.					
	13668 ORCHARD GATE RD				AUTHORIZED REPRESENTATIVE						
POWAY CA 92064						Laurann McNew					
l	POWAY	Chan man it will be									



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Cha	tsworth			CA 91311	INSURER A : PHILADELPHIA INSURANCE CO						PHI	
INSU	RED				INSURER A.							
		ation	INSURER B:									
Club Affiliates of the American Bass Association						INSURER C:						
12340 Seal Beach Blvd						INSURER D :						
	#B120			CA 00740	INSURER E :						<u> </u>	
	Seal Beach			CA 90740	INSURER F:						.	
_				NUMBER: CL212220767				REVISION NUM				
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
-in	COMMERCIAL GENERAL LIABILITY	שפאוו	WVD FOLICT NUMBER			\	(mm, 00/ 1111)	EACH OCCURREN			0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED	\$ 100,		
	CLAIMS-MADE OCCUR							PREMISES (Ea occi		FVC	CLUDED	
Α		Y		PHPK220931		01/26/2021	01/26/2022	WED EXF (Ally one person)		1 00	0,000	
, ·		'		1111 N220301		01/20/2021	01/20/2022	PERSONAL & ADV INSURT		φ ·	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									3.00	0,000	
	POLICY JECT LOC							PRODUCTS - COMI	P/OP AGG	φ .	0,000	
	OTHER:	-						COMBINED SINGLE	LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		•		
	ANY AUTO OWNED SCHEDULED								LY INJURY (Per person) \$			
	AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	jE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)								PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCIDE	NT	\$		
		N/A						E.L. DISEASE - EA I	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$		\$		
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	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			=	-	pace is required)					
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CEI	RTIFICATE HOLDER IS INCLUDED AS ADI	OITIO	NAL II	NSURED AS RESPECTS TO	JRNAM	ENTS HELD D	URING THE P	OLICY PERIOD.				
CERTIFICATE HOLDER CANC												
CITY OF SAN DIEGO RISK MANAGEMENT DEPT					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	1200 THIRD AVENUE	AUTHORIZED REPRESENTATIVE										
SUITE 1000 SAN DIEGO CA 92101						Laurann McNew						
l	SAN DILGO			Lauran	ru ivucinieM	~						