

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2021

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 be endorsed. If SUBROGATION IS WAIVED, subject to the

terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	endorsement. A statement on this certificate does not confer rights to the
PRODUCER	CONTACT Paul Cashman
State Farm Insurance	PHONE (A/C, No, Ext): 805-687-6666 FAX (A/C, No): 805-687-9938
Paul Cashman, Agent	E-MAIL ADDRESS: paul@teamcashman.com
3433 State Street. Suite B	PRODUCER CUSTOMER ID #: 55-1812
Santa Barbara CA, 93105	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER A : State Farm General Insurance Company 25151
Novack, Glenn	INSURER B: State Farm Mutual Automobile Insurance Company 25178
Consignments by Moving Miss Daisy	INSURER C:
333 Old Mill Rd Spc 23	INSURER D:
Santa Barbara, CA 93110-3467	INSURER E :
Salita Balbara, CA 95110-3407	INSURER F:
COVERAGES CERTIFICATE NUMBER: 1	REVISION NUMBER: 0
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.  NSR	
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBE	R (MM/DD/YYYY) (MM/DD/YYYY) LIMITS
A GENERAL LIABILITY 90-ET-B067	4 06/30/2021 06/30/2022 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$ 5,000
	PERSONAL & ADV INJURY \$ 2,000,000
	GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$
ANY AUTO	BODILY INJURY (Per person) \$
ALL OWNED AUTOS	BODILY INJURY (Per accident) \$
SCHEDULED AUTOS	PROPERTY DAMAGE
HIRED AUTOS	(Per accident) \$
NON-OWNED AUTOS	
UMPDELLALIAD	\$
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DEDUCTIBLE	\$
RETENTION \$ WORKERS COMPENSATION	
AND EMPLOYERS' LIABILITY	TORY LIMITS   ER
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A N/A N/A	E.L. EACH ACCIDENT \$
(Mandatory in NH) If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$
SPECIAL PROVISIONS below	E.L. DISEASE - POLICY LIMIT   \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Rem Location: 121 S Hope Ave, Santa Barbara CA 93105	rks Schedule, if more space is required)
CERTIFICATE HOLDER	CANCELLATION
Mattress Mike, Inc. C/O Mattress Mike's Furniture Gallery 3845 State St Santa Barbara, CA 93105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
	Paul Cashman