



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/28/2025

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).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC 350 S. Grand Ave Ste. 3410 Los Angeles CA 90071	CONTACT NAME: Priscilla Vivar PHONE (A/C, No. Ext): 213-308-0909 FAX (A/C, No): E-MAIL ADDRESS: lacerts@marshmma.com	
	INSURER(S) AFFORDING COVERAGE      NAIC #	
INSURED Auric Road Management LLC PO Box 7080 Newport Beach, CA 92658	License#: 0H18131      MAKARPROPE	
	INSURER A: Sentinel Insurance Company Ltd      11000	
	INSURER B: National Liability & Fire Insurance Co      20052	
	INSURER C: Endurance American Specialty Ins Co      41718	
	INSURER D: Lexington Insurance Company      19437	
	INSURER E:	
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1907540088

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
D	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			052115149	3/1/2025	3/1/2026	EACH OCCURRENCE      \$ 1,000,000		
							DAMAGE TO RENTED PREMISES (EA occurrence)      \$ 100,000		
							MED EXP (Any one person)      \$		
							PERSONAL & ADV INJURY      \$ 1,000,000		
							GENERAL AGGREGATE      \$ 2,000,000		
							PRODUCTS - COMP/OP AGG      \$ 2,000,000		
Hired/Non-Owned Auto      \$ 1,000,000									
B	AUTOMOBILE LIABILITY  ANY AUTO <input checked="" type="checkbox"/>			73APB010912	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (EA accident)      \$ 1,000,000		
							BODILY INJURY (Per person)      \$		
							BODILY INJURY (Per accident)      \$		
							PROPERTY DAMAGE (Per accident)      \$		
							Montana Only      \$		
C	UMBRELLA LIAB  EXCESS LIAB			ELD30081167100	3/1/2025	3/1/2026	EACH OCCURRENCE      \$ 5,000,000		
							AGGREGATE      \$ 5,000,000		
							\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N  <input checked="" type="checkbox"/>	N / A	72WEBH9VKX	8/12/2025	8/12/2026	<input checked="" type="checkbox"/> PER STATUTE	OTHR-	
							E.L. EACH ACCIDENT      \$ 1,000,000		
							E.L. DISEASE - EA EMPLOYEE      \$ 1,000,000		
							E.L. DISEASE - POLICY LIMIT      \$ 1,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Coverage

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage	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 

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