OUTOFT0-03 VGONZALES

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/16/2022

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 License # 0M93299
SIP Insurance Services - Pasadena
301 E. Colorado Blvd., 205
Pasadena, CA 91101

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Great American E & S Insurance Company | 37532 |
| INSURER B : California Automobile Insurance Company | 38342 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Out Of The Shell, LLC DBA: Ling's
dba: Yangs 5th Taste DBA Yangs
9658 Remer St.
El Monte, CA 91733

**COVERAGES** **CERTIFICATE NUMBER:** **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 | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | X | X | PL384306007 | 3/25/2022 | 3/25/2023 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 500,000 |
| | | | | | | | MED EXP (Any one person) | $ 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | POLICY PRO-JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | X | X | BA040000051686 | 3/25/2022 | 3/25/2023 | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 4,000,000 |
| | X EXCESS LIAB CLAIMS-MADE | | | XS384306107 | 3/25/2022 | 3/25/2023 | AGGREGATE | $ 4,000,000 |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Subject to all policy terms, exclusions and conditions. Workers Comp is Self-Insured under California Certificate of Consent to Self- Insure #2342 for California operations.

Pursuant to policy terms, exclusions and conditions Dekalb County School District is named as an Additional Insured with respects to General Liability and Auto Liability if required by written contract regarding BID No. 22-18. General Liability Additional Insured ESG 3206 (Ed. 01/16) endorsement attached with Waiver of Subrogation included. Auto Liability Additional Insured MCA85100817-CA endorsement attached with Waiver of Subrogation included. *PLEASE NOTE COPYRIGHT LAWS APPLY TO THE ACORD FORM PROHIBITING US FROM MODIFYING THE CANCELLATION CLAUSE. HOWEVER, PER S I P SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER**

Dekalb County School District
1701 Mountain Industrial Blvd.
Stone Mountain, GA 30083-1027

**CANCELLATION**

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

AGENCY CUSTOMER ID: OUTOFT0-03 VGONZALES

LOC #: 1

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | License # 0M93299 | NAMED INSURED |
|---|---|---|
| SIP Insurance Services - Pasadena | | Out Of The Shell, LLC DBA: Ling's<br>dba: Yangs 5th Taste DBA Yangs<br>9658 Remer St.<br>El Monte, CA 91733 |
| POLICY NUMBER<br>SEE PAGE 1 | | |
| CARRIER<br>SEE PAGE 1 | NAIC CODE<br>SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
INSURANCE SERVICES PROCEDURES WILL NOTIFY YOU WITHIN 30 DAYS IF SAID POLICY CANCELS. Except 10 Days Notice Of Cancellation For Non-Payment Of Premium.