

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2021

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 this certificate does not confer rights t					require an endorsement. A	A statement on	
PRODUCER			CONTACT Certificate Department				
Bidwell Insurance Agency, Inc.			BHONE (500) 004 1000				
1270 E 9th St			(A/C, No, Ext): (530) 894-1990 (A/C, No): (530) 894-1990 E-MAIL ADDRESS: certs@bidwellinsurance.com				
			INSURER(S) AFFORDING COVERAGE NA				
Chico		CA 95928	INSURER A: Insuranc	Their NAIC			
INSURED			INSURER B :				
Vendor's Name			INSURER C :				
Vendor's Street Address			INSURER D :				
			INSURER E :				
Vendor's City		St Zip	INSURER F:				
		E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR	EQUIREMI PERTAIN POLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORDI S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	TO WHICH THIS	
LTR TYPE OF INSURANCE	ADDL SUB INSD WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY						1,000,000	
CLAIMS-MADE X OCCUR					1 INEMIOLO [La occurrence] +	300,000	
		4505455454	240400	24424	(, , ,	5,000	
A	Y	ABCD1234XYZ	01/01/2021	01/01/2022	7 2 1 10 2 11 11 2 2 1 1 1 1 1 1 1 1 1 1	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						2,000,000	
POLICY JECT LOC						2,000,000	
OTHER:						1,000,000/2M	
AUTOMOBILE LIABILITY				/	COMBINED SINGLE LIMIT (Ea accident) \$		
ANY AUTO OWNED SCHEDULED				- I	BODILY INJURY (Per person) \$		
OWNED SCHEDULED AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE ©		
AUTOS ONLY AUTOS ONLY				/	(Per accident)		
LIMPOFILATIAN			If serving any	\neg \vdash	\$		
Everes	UMBRELLA LIAB OCCUR		alcohol (caterer bar service), ligi		EACH OCCURRENCE \$		
CEAIWO-WADE			liability will show		AGGREGATE \$		
DED RETENTION \$ WORKERS COMPENSATION			here if this		PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y / N			coverage is included on the				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		general liability		E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under			policy.		E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	-	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if more	space is require	ed)		
Robert Grove Real Estate & Valuation Servillability insurance.	vices, DB	A Irongate Garden Inn, Rob	ert or Krista Grove an	e listed as ad	dditional insured as to the ger	neral and liquor	
OFFICIAL LIGHTS							
CERTIFICATE HOLDER			CANCELLATION				
Robert Grove Real Estate &	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
DBA Irongate Garden Inn, Robert or Krista Grove 4673 Nord Highway			AUTHORIZED REPRESENTATIVE				

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Signature of licensed agent or account manager.

Chico

CA 95973



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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 cortificate done not confor rights to the cortificate holder in liqu of such endersement(s)

tilis certificate does flot collier f	gills to the certificate holder in fled of st	such endorsement(s).
PRODUCER		CONTACT NAME: Certificate Department
Bidwell Insurance Agency, Inc.		PHONE (A/C, No, Ext): (530) 894-1096 FAX (A/C, No): (530) 894-1990
1270 E 9th St		E-MAIL address: certs@bidwellinsurance.com
		INSURER(S) AFFORDING COVERAGE NAIC #
Chico	CA 95928	INSURER A: Insurance Company for the General Liability Their NAIC
INSURED		INSURER B: Insurance Company for the Liquor Liability Their NAIC
Vendor's Name		INSURER C:
Vendor's Street Address		INSURER D:
		INSURER E:
Vendor's City	St Zip	INSURER F:
COVERAGES	CERTIFICATE NUMBER:	DEVISION NUMBED:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
CUVERAGES	CERTIFICATE NUMBER:	KEVISIUN NUMBE

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:	Y	WVD	ABCD1234XYZ	01/01/2021	01/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			is a separate policy, the co nere.		PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
В	Liquor Liability CLAIMS-MADE OCCUR	Y		1234ABCD	05/01/2021	05/01/2022	\$1,000,000 Occurrence/ \$2,000,000 Aggregate	

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

Robert Grove Real Estate & Valuation Services, DBA Irongate Garden Inn, Robert or Krista Grove are listed as additional insured as to the general and liquor liability insurance.

CERTIFICA	IE HULDEK		CANCELLATION		
	Robert Grove Real Estate & Valuati	,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	,	r Krista Grove	AUTHORIZED REPRESENTATIVE		
	4673 Nord Highway Chico	CA 95973 Signature of licensed agent or	Signature of licensed agent or account manager.		

OFFICIONES LIQUES