

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/1/2025

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).

	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of	t such en	dorsement(s	).				
PRO	DUCER				NAME:	ст Joseph G	Guerrero				
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance						NAME: 600) 364-2433 FAX, No): (818) 980-1595 F-MAIL: SUPPORT PROPERTY OF THE P					
Brokers						E-MAIL ADDRESS: Support@rvnuccio.com					
10148 Riverside Drive						INSURER(S) AFFORDING COVERAGE				NAIC#	
Toluca Lake, CA 91602						INSURER A : Fireman's Fund Insurance Company				21873	
INSURED						INSURER B: Axis Insurance Company				-	
David Bruno Event Photography										37273	
[BB 18 2] 11 [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2] [18 2]					INSURE	INSURER C: A BAAMA BAAMA BAAMA				L RVNA	
Myrtle Beach , SC 29588						INSURER D: INSURER E: RAMA RAMA RAMA					
										RVNA	
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				A RVNA	
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAY	ON OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	NA I	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	A KVNA	
A	✓ COMMERCIAL GENERAL LIABILITY		MAD					EACH OCCURRENCE	\$	1,000,000	
1	CLAIMS-MADE ✓ OCCUR	1	-	UST027214230	RVN	1/11/2025	1/11/2026	DAMAGE TO RENTED	\$	100,000	
	CLAIMS-WADE V OCCOR			PEVD105685				PREMISES			
	- WHA RVMA RVMA	R	VN		NA I	IVNA 1	IVNA P	MEDICAL EXPENSE	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	NA			RVN	N RVN/	RVNA	GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:	8	VN	A RVNA RV	NA I	IVNA I	VNA I	IVNA RVNA	\$	A RVNA	
Α	AUTOMOBILE LIABILITY			UST027214230		1/11/2025	1/11/2026	COMBINED SINGLE LIMIT	\$	1,000,000	
	ANY AUTO	NA		PEVD105685	RVN	A RVNA	KVN/	BODILY INJURY (Per person)	\$	RVNA	
	OWNED SCHEDULED AUTOS			1 2 4 2 100000				BODILY INJURY (Per accident)	\$		
	✓ HIRED AUTOS ONLY	R	VN.		NA I	IVNA I	IVNA - F	PROPERTY DAMAGE (Per accident)	\$	A KVNA	
	AUTOS ONET							(Fel accident)	\$		
K	UMBRELLA LIAB OCCUR	TEA	-	KVIVA RVIVA	RVXIII	K KVIVI	KVN	EAGU GOOLIDDENGE	\$	AVNA	
	OCCOR							EACH OCCURRENCE			
	CEATIVIS-IVIADE	- 8	VN		NA I	CVNA I	IVNA E	AGGREGATE	\$	A-RVHA	
	DED RETENTION \$ WORKERS COMPENSATION	-	-					DED OTH	\$		
	AND EMPLOYERS' LIABILITY	INA			RVN	RVN/	K RVN/	PER OTH- STATUTE ER	A	RAMA	
		N/A						E.L. EACH ACCIDENT	\$		
	OFFIGER/MEMBEREXCLUDED? (Mandatory in NH)	R	VN.		NA I	IVNA I		E.L. DISEASE - EA EMPLOYEE	\$	A RVNA	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	INA RVNA RVNA RI	MA			RVM	A RVN/		RVNA RVN		RVNA	
	RVNA RVNA RVNA	R	VN.		NA I	IVNA I		VNA RVNA		A RVNA	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE		CORD		NA I	e attached if more	e space is require	t rvna rvn Evna rvna i Ervna rvna		RVNA A RVNA RVNA	
	PAYMA PAYMA RANA	. 12	VNI	A PANA BAL	NA I	MANA S	NAME OF	INNA BANA I	e was	a RVNIA	
CE	RTIFICATE HOLDER			CANO	CANCELLATION						
					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.			
						RIZED REPRESEI	NTATIVE VIV	RVNA RVN	4 1	RVNA	
					Juser	ni Guerrero		0.0		A RVNA	

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