



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/03/2022

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 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 <b>Michael J Walters</b> 2333 W Northern Ave Ste (480) 951-1501 (149/410)	CONTACT NAME: <b>Michael J Walters</b> PHONE A/C No. Ext): <b>(480) 951-1501</b>	FAX (A/C. No): <b>(866) 752-2960</b>
	E-MAIL ADDRESS: <b>MWALTERS@amfam.com</b>	
INSURER(S) AFFORDING COVERAGE INSURER A : <b>American Family Mutual Insurance Company, S.I.</b>		NAIC # <b>19275</b>
INSURED <b>Highway 85 Creative LLC</b> 9040 W Larkspur Drive Unit 137 Peoria, AZ 85381Nor	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____			02-X70413-05	05/10/2021	05/10/2022	BODILY INJURY (Per person)    \$ 1,000,000
		BODILY INJURY (Per accident)    \$ 1,000,000					
		PROPERTY DAMAGE (Per accident)    \$ 1,000,000					
		BODILY INJURY    \$					
		_____    \$					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER _____		Y	02-X70413-04	06/21/2021	06/21/2022	EACH OCCURRENCE    \$ 2,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ 50,000					
		MED EXP (Any one person)    \$ 5,000					
		PERSONAL & ADV INJURY    \$ 2,000,000					
		GENERAL AGGREGATE    \$ 4,000,000					
		PRODUCTS - COMP/OP AGG    \$ 4,000,000					
		_____    \$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			02-X70413-07	06/24/2021	06/24/2022	EACH OCCURRENCE    \$ 1,000,000
		AGGREGATE    \$ 1,000,000					
		_____    \$					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
		E.L. EACH ACCIDENT    \$					
		E.L. DISEASE - EA EMPLOYEE    \$					
		E.L. DISEASE - POLICY LIMIT    \$					
A	Business Personal Property			02X7041304	06/21/2021	06/21/2022	\$555,520

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>FSPA (Florida Swimming Pool Association)</b> 2555 Porter Lake Dr., Ste. 106 Sarasota, FL 34240	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  <b>J. McClure</b>