THIS CERTIFICATE IS USSUED AS A MATTER OF INFORMATION ONLY		
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EX BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITURE A REPRESENTATIVE O RPRODUCER, AND THE CERTIFICATE HOLDER.	XTEND. OR ALTER THE COVERAGE AFFORDED BY THE POLICIES	-
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, th the terms and conditions of the policy, certain policies may require a certificate holder in lieu of such endorsement(s).	he policy(ies) must be endorsed. IF SUBROGATION IS WAIVED, an endorsement. A statement on this certificate does not confe	subject to r rights to the
PRODUCER	CONTACT <contact name="">></contact>	
	PHONE < <phone number="">></phone>	
< <insurance company="" name="">></insurance>	A/C, NO, EXT E-MAIL ADDRESS:	
< <insurance address="" company="">></insurance>	INSURER(S) AFFORDING COVERAGE	NAIC #
< <city, code="" state="" zip="">></city,>	INSURER A : < </td <td><<naic #="">></naic></td>	< <naic #="">></naic>
INSURED	INSURER B :	
< <company name="">></company>	INSURER C :	
< <company address="">></company>	INSURER D :	
< <city, code="" state="" zip="">></city,>	INSURER E :	
	INSURER F :	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDIT CERTIFICATE MAY BE ISSUED OF MAY PERTAIN, THE INSURANCE AFFI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	TION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL HAVE BEEN REDUCED BY PAID CLAIMS.	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR	ER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS	
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ DAMAGE TO RENTED	
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$	
	MED EXP (Any one person) \$	
	PERSONAL & ADV INJURY \$	
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$	
OTHER:	PHOLOGIS-COMPICE Add a	
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT &	
	BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$	
HIRED AUTOS AUTOS	PROPERTY DAMAGE \$	
	\$	
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$	
DED RETENTION \$	3	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <	>> <coate>> <coate>> PER OTH- CALL COATE CALL CALL CALL CALL CALL CALL CALL CAL</coate></coate>	<coverage< td=""></coverage<>
ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED?	EL. EACH ACCIDENT \$	Amount>>
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$	
DÉSCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sc	ichedule, may be attached If more space is required)	
CERTIFICATE HOLDER	CANCELLATION	
Required as stated:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
County of Orange/John Wayne Airport		
3160 Airway Ave	AUTHORIZED REPRESENTATIVE	
Costa Mesa, CA 92626	<-Signature of Authorized Insurance Representat	ive>>

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