

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/6/2019

C B R	ERT ELO EPR	CERTIFICATE IS ISSUED AS A I IFICATE DOES NOT AFFIRMATI W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AN	VEL' URA	Y OR	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEN	ID OR ALTI	ER THE CO	VERAGE AFFORDED E HE ISSUING INSURER	BY THE (S), AU	POLICIES THORIZED		
ti	ne te	RTANT: If the certificate holder rms and conditions of the policy, cate holder in lieu of such endors	cert	ain p	olicies may require an er	policy(i ndorser	es) must be nent. A stat	endorsed. ement on th	If SUBROGATION IS W is certificate does not c	onfer ri	subject to ghts to the		
PRC	DUCE	R				CONTAC NAME:	т						
We	od (	Gutmann & Bogart Red Hill Ave., Suite 100				PHONE (A/C, No, Ext): 714-505-7000 [A/C, No): 714-573-1770							
		CA 92780				E-MAIL							
							INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
						INSURE	RA: Starr Ind	emnity & Liat	pility Co				
	RED	vide Recovery Systems, In	WORL	D02		INSURER B : Starr Surplus Lines							
		Pomona				INSURER C :							
Pc	mor	na CA 91768				INSURE	RD:						
						INSURE	a with the						
00			TIEN		NUMPER. 4400407055	INSURE	RF:	-	DEVISION NUMBER				
		S TO CERTIFY THAT THE POLICIES			NUMBER: 1126167055	VE BEE	N ISSUED TO		REVISION NUMBER:	HE POL	ICY PERIOD		
	ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH		AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSF		TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
A	X	COMMERCIAL GENERAL LIABILITY	Y	Y	1000065993181		11/7/2018	11/7/2019	EACH OCCURRENCE	\$ 1,000.	000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00	0		
									MED EXP (Any one person)	\$ 25,000	)		
									PERSONAL & ADV INJURY	\$ 1,000.	000		
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000		
	-	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000, \$	000		
A		OTHER: TOMOBILE LIABILITY	Y	Y	SISIPCA08219918	_	11/7/2018	11/7/2019	COMBINED SINGLE LIMIT				
~	X	1	- 240	1	3131FCA00219910		14///2010	11/1/2018	(Ea accident) BODILY INJURY (Per person)	\$ 1,000, \$	000		
	~	ANY AUTO ALLOWNED SCHEDULED							BODILY INJURY (Per accident)	1.8			
	X	AUTOS AUTOS NON-OWNED AUTOS			3				PROPERTY DAMAGE (Per accident)	s			
	X	HIRED AUTOS AUTOS							(Fel accident)	s			
A		UMBRELLA LIAB OCCUR			1000336770181		11/7/2018	11/7/2019	EACH OCCURRENCE	\$ 9,000.	000		
	X	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 9,000,	000		
		DED RETENTION \$								\$			
									PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	DES	os, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-			
В	Poll	lution Liability			1000067183181		11/7/2018	11/7/2019	Occurrence Aggregate	1,000, 2,000,	000		
	oof C	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	0 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red)				
CE	RTI	FICATE HOLDER				CANC	ELLATION						
		PROOF ONLY				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		Contraction of the second s		
						AUTHO	RIZED REPRESI	ENTATIVE					

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ACORD CER	TIFI	CA		.ITY IN	SURA	WORLREC-03	EPR ATE (MM/DD/YYYY) 4/11/2019			
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY	OR NE	EGATIVELY AMEND, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED BY	HOLDER. THIS THE POLICIES			
IMPORTANT: If the certificate holde the terms and conditions of the polic certificate holder in lieu of such endor	y, certai	in polic								
PRODUCER		<u></u>	CONT			VEAV				
Automatic Data Processing Insurance Age	jency, ir	nc	E-MAI	E lo, Ext):		FAX (A/C, No):				
Roseland, NJ 07068			ADDR	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SURER(S) AFFOR		NAIC #			
			INSUF	ERA:5Star E						
Worldwide Recovery Sy	stems	Inc	0.000	INSURER B :						
2308 Pomona Ave Pomona, CA 91768			100.000	ERC:						
			1000	ERE:						
			a constant of the state state of the	ERF:						
THIS IS TO CERTIFY THAT THE POLICIE			MBER:			REVISION NUMBER:	POLICY PERIOD			
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	PERTA	MENT, IN, THE	TERM OR CONDITION OF AN INSURANCE AFFORDED BY	THE POLICIE	OR OTHER D	OCUMENT WITH RESPECT	TO WHICH THIS			
ISR TR TYPE OF INSURANCE	ADDL S	WBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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 \$				
						GENERAL AGGREGATE \$				
GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$				
POLICY PRO- JECT LOC						\$ COMBINED SINGLE LIMIT				
						(Ea accident) S BODILY INJURY (Per person) S				
ALL OWNED AUTOS						BODILY INJURY (Per accident) \$				
HIRED AUTOS						PROPERTY DAMAGE \$				
UMBRELLA LIAB	-					S				
EXCESS LIAB OCCUR	F					AGGREGATE \$				
DED RETENTION \$						s				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	wo	WC010650	3/31/2019	3/31/2020	E.L. EACH ACCIDENT \$	1,0000			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	1,000,0			
DESCRIPTION OF OPERATIONS BEIOW						E.L. DISEASE - POLICY LIMIT \$	1,000,0			
ESCRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (A	ttach ACC	ORD 101, Additional Remarks Sched	ule, if more space	is required)					
ERTIFICATE HOLDER			CAN	CELLATION						
Insured Copy			ТН	E EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.				
			AUTH	ORIZED REPRES	ENTATIVE					
				->2	<u> </u>	J)n .	) une			
ACORD 25 (2010/05)	Th	e ACOF	RD name and logo are reg			D CORPORATION. All righ	nts reserved.			



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/6/2019

THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	INSURA	Y OR	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES	
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, sub this certificate does not confer righ	ject to t	he te	rms and conditions of t	he polic	y, certain p	olicies may				
RODUCER				CONTA		/•				
Wood Gutmann & Bogart				NAME:						
15901 Red Hill Ave., Šuite 100 Tustin CA 92780				PHONE (A/C, No, Ext): 714-505-7000 FAX (A/C, No): 714-573-1770 E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE						
				INSURER A : Starr Indemnity & Liability Co						
NSURED Worldwide Recovery Systems, In	WOR	LD02		INSURER B : Starr Surplus Lines						
8210 and 8220 Berry Ave.				INSURE	RC:					
Sacramento CA 95828				INSURE	RD:					
				INSURE	RE:					
		_		INSURE	RF:					
			NUMBER: 2146166392				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	AY PER	REME	NT, TERM OR CONDITION THE INSURANCE AFFORE	DED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
TR TYPE OF INSURANCE		USUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
A X COMMERCIAL GENERAL LIABILITY	Y	Y	1000065993181		11/7/2018	11/7/2019	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	00	
							MED EXP (Any one person)	\$ 25,00	0	
							PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
POLICY PRO- JECT LOC		1					PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
OTHER:								\$		
A AUTOMOBILE LIABILITY	Y	Y	SISIPCA08219918		11/7/2018	11/7/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS Y HIRED Y NON-OWNED							BODILY INJURY (Per accident)	12 - 52.		
AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	_	
X MCS90	_	-						\$		
A UMBRELLA LIAB OCCUR			1000336770181		11/7/2018	11/7/2019	EACH OCCURRENCE	\$ 9,000	414.20.20	
GLAIMIS-W	ADE						AGGREGATE	\$ 9,000	,000	
WORKERS COMPENSATION	_	-					PER STATUTE ER	\$		
AND EMPLOYERS' LIABILITY	/ N									
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	6					E.L. EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	2010		
B Pollution Liability		-	1000067183181		11/7/2018	11/7/2019	Occurrence	1,000	,000	
							Aggregate	2,000	,000	
ESCRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES (	ACORD	101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER				CANC	ELLATION					
PPOOF ONLY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
PROOF ONLY				AUTHORIZED REPRESENTATIVE						

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	С с	ERTIFIC			ITY IN	SURA		DATE	EPF (MM/DD/YYYY) 11/2019	
CERTIFICATE BELOW. TH	DOES NOT AFFI	RMATIVELY C	R OF INFORMATION ON OR NEGATIVELY AMEN E DOES NOT CONSTIT CERTIFICATE HOLDER.	ID, EXTE	ND OR ALTI	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES	
the terms and		policy, certain	DDITIONAL INSURED, the policies may require an							
RODUCER	Processing Insuran			CONTA NAME: PHONE (A/C, No	o, Ext):		FAX (A/C, N	p):	_	
oseland, NJ 07	068			E-MAIL ADDRE		NAIC #				
				INSURER(S) AFFORDING COVERAGE						
	orldwide Recove	ry Systems I	nc	INSURE	and the state of the					
	10 Berry Ave cramento, CA 95	828-		INSURE	even later l					
	oranionito, or ot			INSURE				_		
				INSURE	NAME AND ADDRESS OF AD					
OVERAGES			E NUMBER: JRANCE LISTED BELOW				<b>REVISION NUMBER:</b>			
INDICATED. N CERTIFICATE EXCLUSIONS A	OTWITHSTANDING A MAY BE ISSUED OF IND CONDITIONS OF	ANY REQUIREM	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY	CONTRACT	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THI	
R T GENERAL LIA	PE OF INSURANCE	INSR WV		2	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	a free the	MITS		
	CIAL GENERAL LIABILIT	Y					EACH OCCURRENCE	\$ \$		
Start Start Start	IMS-MADE OCCU	043					PREMISES (Ea occurrence) MED EXP (Any one person)	s		
							PERSONAL & ADV INJURY	s		
							GENERAL AGGREGATE	s		
GEN'L AGGRE	GATE LIMIT APPLIES PE	R					PRODUCTS - COMP/OP AG			
POLICY	PRO- JECT LOC	<b>b</b>					COMBINED SINGLE LIMIT	S		
AUTOMOBILE							(Ea accident) BODILY INJURY (Per person	S S		
ANY AUT ALL OWN AUTOS	IED SCHEDUL	.ED					BODILY INJURY (Per accider	10000 Y		
HIRED A	JTOS AUTOS	NED					PROPERTY DAMAGE (Per accident)	S		
								S		
UMBREL		R					EACH OCCURRENCE	s		
EXCESS		IS-MADE					AGGREGATE	S		
WORKERS CO	RETENTION \$						X WC STATU- TORY LIMITS E	\$ H-		
	ERS' LIABILITY		WOWC010650		3/31/2019	3/31/2020	X TORY LIMITS EI	₹ \$	1,000	
OFFICER/MEM (Mandatory in	FICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOY	8.0.5	1,000	
If yes, describe DESCRIPTION	UNDER OF OPERATIONS below						E.L. DISEASE - POLICY LIM	201 10000	1,000	
SCRIPTION OF O	PERATIONS / LOCATION	S / VEHICI ES (Atta	ch ACORD 101, Additional Rema	arks Schedu	le if more space	is required)				
SCRIPTION OF O	PERATIONS / LOCATION	STVEHICLES (Alla	ch ACORD 101, Additional Rema	arks Schedu	ie, ir more space	is required)				
RTIFICATE				CAN	ELLATION					
	ured Copy			SHO	ULD ANY OF	DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL			
-				ACC	ORDANCE WI	THE POLIC	Y PROVISIONS.			
				AUTHORIZED REPRESENTATIVE						
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