

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/08/2024

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 confor rights to the certificate holder in liquid found and properties.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER			NTACT Eli Solomon							
Oakwood Interstate Insurance Services					PHONE (A/C, No, Ext): (916) 980-8428 FAX (A/C, No):						
193 Blue Ravine Road						E-MAIL Certificates@oakwoodrisk.com					
STE 180						INSURER(S) AFFORDING COVERAGE NAIC #					
Folsom CA 95630						INSURER A: Clear Spring Property and Casualty Company 15563					
INSURED						INSURER B:					
Enhanced Scanning LLC 32295 MISSION TRL						INSURER C:					
					INSURER D :					_	
R8253					INSURER E :						
LAKE ELSINORE			CA 92530			INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL24108059						REVIOION NOMBER.					
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 ADDL SUBR			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY		1112			<u> </u>		EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)			
	CEAINIO-INIADE COCCIN							MED EXP (Any one person)	\$		
								· · · · · ·			
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AG	SG \$		
	OTHER: AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT	\$		
								COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per persor	-		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accide PROPERTY DAMAGE			
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OT ER	H-		
_	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			CWC00213703		10/05/2024	10/05/2025	E.L. EACH ACCIDENT	\$ 1,0	000,000	
Α			CVVC0021	CVVC00213703				E.L. DISEASE - EA EMPLOY	YEE \$ 1,0	000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	1.0	000,000	
										-	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A(ORD 1	01. Additional Remarks Schedule.	may be at	tached if more si	pace is required)				
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance. Managing Members Excluded: Forrest Sim Melbourne Walker											
CERTIFICATE HOLDER						CANCELLATION					
Enhanced Scanning, LLC						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 ELIEZEY Solomon					