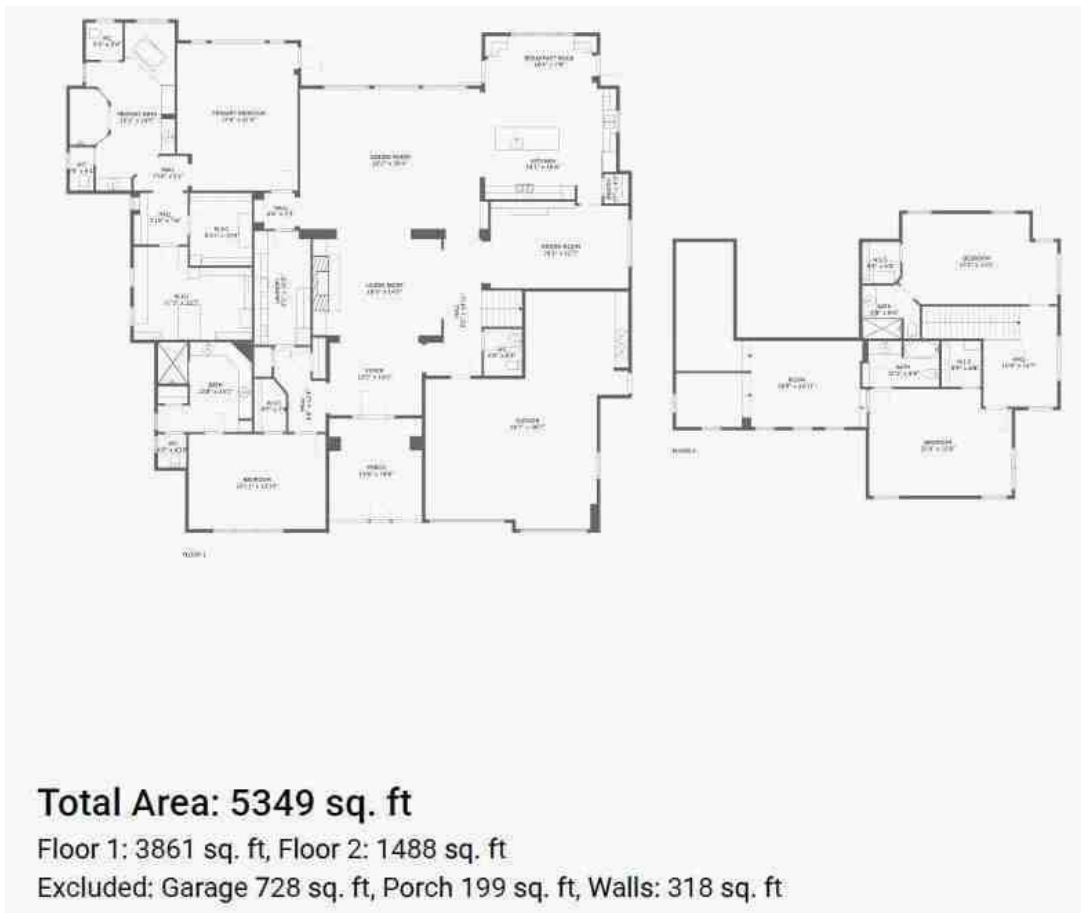


Building Sketch

Client	Dr. Behzad Taghizadeh				
Property Address	16647 Riding High Way				
City	San Diego	County	Sa Diego	State	CA Zip Code 92127
Owner	Taghizadeh Family Trust 05-31-18				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2025

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).

PRODUCER Aaron Zazzera Zazzera Financial & Insurance Services Inc 3737 Camino del Rio S Ste 207 San Diego CA 92108	CONTACT NAME: _____	
	PHONE (A/C. No, Ext): 800-507-4495	FAX (A/C. No): _____
E-MAIL ADDRESS: aaron@zazuinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Berkshire Hathaway Direct Insurance Company		10391
INSURER B: _____		
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

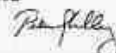
INSURED
 William Schmal dtua William Schmal
 5353 Baltimore Dr
 Apt 78
 La Mesa CA 91942

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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			ADOL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY				PCA307CW80	05/31/2025	05/31/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ex occurrences)				\$100,000	
					MED EXP (Any one person)				\$5,000	
					PERSONAL & ADV INJURY				\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:										
	X	POLICY	PRO-JECT		LOC.				GENERAL AGGREGATE	\$3,000,000
		OTHER							PRODUCTS - COMP/OP AGG	\$3,000,000
										\$
	AUTOMOBILE LIABILITY					PCA307CW80	05/31/2025	05/31/2026	COMBINED SINGLE LIMIT (Ex accident)	\$
		ANY AUTO			BODILY INJURY (Per person)				\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS	BODILY INJURY (Per accident)				\$	
	X	HIRE AUTOS ONLY	X	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)				\$	
								HIRE AND NON - OWNED	\$1,000,000 / \$3,000,000	
	UMBRELLA LIAB								EACH OCCURRENCE	\$
	EXCESS LIAB								AGGREGATE	\$
		DED	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY								PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	
									E.L. DISEASE - POLICY LIMIT	
A	Errors & Omissions					PCA307CW80	05/31/2025	05/31/2026	PER OCCUR/AGGREGATE	\$1,000,000 / \$3,000,000
	CYBER								PER OCCUR/AGGREGATE	\$1,000,000 / \$3,000,000

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

CERTIFICATE HOLDER _____	CANCELLATION 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 

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ACORD 25 (2016/03)

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