



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2025

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 Crest Insurance Group, LLC 100 S Mill Ave Suite 930 Tempe AZ 85281-2881	CONTACT NAME: Patty Foley PHONE (A/C, No, Ext): 480-689-5338 E-MAIL ADDRESS: pfoley@crestins.com FAX (A/C, No): 480-839-2272
License#: 967026 HUMINC0-01	INSURER(S) AFFORDING COVERAGE INSURER A: Pacific Insurance Company, Limited INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED HUM Inc 2942 N 24th St Ste 115 Phoenix AZ 85016-7849	NAIC # 10046

COVERAGES**CERTIFICATE NUMBER:** 1097879029**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY Symbol 11 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Symbol 10			57 YR2 OH8504	11/21/2025	11/21/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

Auto Liability Information:

57 YR2 OH8504 Eff 11-21-25 Exp 11-21-26 Combined Single Limit - Period 1 by state per below:

CA \$300,000 Death and Bodily Injury - Per Person (CSL)

CA \$300,000 Death and Bodily Injury - Per Accident (CSL)

CA \$300,000 Property Damage (CSL)

ID \$50,000 Death and Bodily Injury - Per Person

ID \$100,000 Death and Bodily Injury - Per Accident

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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

Cody Ritchie

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ADDITIONAL REMARKS SCHEDULE

AGENCY Crest Insurance Group, LLC		NAMED INSURED HUM Inc 2942 N 24th St Ste 115 Phoenix AZ 85016-7849	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

ID \$25,000 Property Damage

AZ \$25,000 Death and Bodily Injury – Per Person
 AZ \$50,000 Death and Bodily Injury – Per Accident
 AZ \$20,000 Property Damage

57 YR2 OH8504 Eff 11-21-25 Exp 11-21-26 Combined Single Limit - Period 2&3 by state per below:

Period 2 - AZ \$250,000
 Period 3 - AZ \$1,000,000
 Period 3 - UM UIM \$25,000/\$75,000

Period 2 - CA \$1,000,000
 Period 3 - CA \$1,000,000
 Period 3 - CA UM UIM \$1,000,000 Until 12-31-25
 Period 3 - CA UM UIM \$60,000/\$300,000 Beginning 1-1-26

Period 2 - ID \$1,000,000
 Period 3 - ID \$1,000,000
 Period 2 - ID UM UIM \$25,000/\$50,000
 Period 3 - ID UM UIM \$25,000/\$50,000