



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 FAX (A/C, No): 480-839-2272 E-MAIL ADDRESS: pfoley@crestins.com
	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	License#: 967026 HUMINC0-01
	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 CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	OTHER:						MED EXP (Any one person)	\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Symbol 11 <input type="checkbox"/> Symbol 10			57 YR2 OH8504	11/21/2025	11/21/2026	PERSONAL & ADV INJURY	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						GENERAL AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTHE- R
							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 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 <i>Cody Ritchie</i>

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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			
CARRIER	NAIC CODE		EFFECTIVE DATE:

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