

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/15/2023

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)

ODUCER on Risk Insurance Services West, Inc.	CONTACT			
	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105  E-MAIL			
s Angeles CA Office 17 Wilshire Boulevard				
rite 2600 os Angeles CA 90017-0460 USA	ADDRESS:			1
S Angeles CA 90017-0400 USA	INSURER(S) AFFORDING COVERAGE			NAIC #
SURED	INSURER A: Tok	io Marine An	nerica Insurance Compa	ny 10945
CME Beverage Company Solutions USA, 1776 allaby Way	INSURER B:			
ston, MA 05743 USA	INSURER C:			
	INSURER D:	INSURER D:		
	INSURER E:	INSURER E:		
	INSURER F:			
OVERAGES CERTIFICATE NUMBER: 8594584512			EVISION NUMBER:	- DOL 101/ DEDIGE
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAINDICHES.	OF ANY CONTRACTED BY THE POLICION OF BEEN REDUCED	T OR OTHER I ES DESCRIBE BY PAID CLAIN	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS
SR TYPE OF INSURANCE ADDLISUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP () (MM/DD/YYYY)	LIMITS	
X COMMERCIAL GENERAL LIABILITY	10/01/2023	10/01/2023	EACH OCCURRENCE  DAMAGE TO RENTED	\$1,000,0
CLAIMS-MADE X OCCUR TSM49583345	,		PREMISES (Ea occurrence)	\$1,000,0
			MED EXP (Any one person)	\$25,0
			PERSONAL & ADV INJURY	\$1,000,0
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC			GENERAL AGGREGATE	\$3,000,0 Exclud
			PRODUCTS - COMP/OP AGG	EXCTUU
OTHER: AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	
AUTOMOBILE EIABIETT			(Ea accident)	
ANYAUTO			BODILY INJURY ( Per person)	
OWNED SCHEDULED AUTOS ONLY			BODILY INJURY (Per accident) PROPERTY DAMAGE	
AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY			(Per accident)	
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	
DED RETENTION				
WORKERS COMPENSATION AND			PER STATUTE OTH-	
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE			E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE-EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE-POLICY LIMIT	
	ule may be attached if my	re enace le requir	ad)	

Aon Risk Insurance Services West, Inc.

ZZZ Tax Corp 5959 Wallaby Way, Huntsville, AL 49330 USA

AUTHORIZED REPRESENTATIVE