

Send Result Report



MFP

TASKalfa 250ci

Firmware Version 2H7_2F00.013.006 2012.01.06

08/13/2013 14:16
[2JZ_1000.020.003] [2H7_1100.002.003] [2H7_7000.013.006]

Job No.: 065210

Total Time: 0°00'54"

Page: 002

Complete

Document: doc20130813141411

Insurance One, Inc
6751 Academy Road NE, Ste #D
Albuquerque, NM 87109

505-888-6333
Fax 505-888-6334
cindy.millikan@ins-one.com

Name:	Insurance compliance	From:	Cindy Millikan
Company	Wassn properties inc	Pages:	2
Number	719-520-1733	Date:	08-13-2013
Notes:	TJ liquor llc	Other:	SURINDER F#856-6446

Comments:

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	08/13/13 14:14	17195201733	0°00'31"	FAX	OK	200x100 Normal/On
002	08/13/13 14:15	8566446	0°00'23"	FAX	OK	200x100 Normal/On

FAX

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Notes:	Tj liquor llc	Other:	SURINDER F#856-6446

Comments:

Thank you,

Cm

***WE ARE MAKING A BIG PUSH THIS YEAR TO EXPAND OUR COMPANY. IF WE CAN ASSIST YOU IN ANY OTHER INSURANCE ISSUES, OR IF WE CAN GET YOUR REFERRALS TO YOUR ASSOCIATES, PLEASE LET ME KNOW.



TJLIQ-1

OP ID: CM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2013

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 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 Insurance One, Inc 6751 Academy Rd NE Suite D Albuquerque, NM 87109 Chris Koester		Phone: 505-888-6333 Fax: 505-888-6334	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
			INSURER(S) AFFORDING COVERAGE	
			INSURER A : EMC Insurance Companies	
			INSURER B :	
			INSURER C :	
			INSURER D :	
			INSURER E :	
			INSURER F :	

INSURED TJ Liquor LLC
Avtar Singh
5158 Centennial Blvd
Colorado Springs, CO 80919

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		4W9-71-37---14	07/15/2013	07/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> liquor liability						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							\$
UMBRELLA LIAB							EACH OCCURRENCE \$
EXCESS LIAB							AGGREGATE \$
DED RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.I. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
#719-520-1733. Sylvio J. Bonecell & Sons, LLC. and Wasson Properties, Inc. are additional insured's for general liability - to the extent of all terms and provisions of policy.

CERTIFICATE HOLDER

Sylvio J. Bonecell & Sons, LLC
and Wasson Properties, Inc.
332 W. Bijou, Suite 104
Colorado Springs, CO 80905

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

Cindy J. McHikam

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