

INSURANCE DOCUMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2017

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 HUB Int'l - CAL Bronson - License #0757776 3636 American River Drive Suite 200 Sacramento CA 95864	CONTACT NAME: Tami Ponce de Leon		
	PHONE (A/C, No, Ext): 916-480-4177	FAX (A/C, No): 916-993-7277	
	E-MAIL ADDRESS: Tami.Poncedeleon@hubinternational.com		
INSURED NIELMER-01 Nielsen Merksamer Parrinello Gross & Leoni, LLP 1415 L Street, Suite 1200 Sacramento CA 95814	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Foremost Property and Casualty		11800
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1163664895

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned/Hired <input type="checkbox"/> Autos Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PAS39297305	1/1/2017	1/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PAS39297305	1/1/2017	1/1/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

RE: Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

Nielsen Merksamer Parrinello Gross & Leoni, LLP
1415 L Street #1200
Sacramento CA 95814

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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ASPEN AMERICAN INSURANCE COMPANY

Administrative Offices

590 Madison Avenue, 7th Floor
New York, NY 10022

Statutory Home Office

350 North St. Paul Street
Dallas, TX 75201

THIS IS BOTH A CLAIMS MADE AND REPORTED INSURANCE POLICY.

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. UNLESS THIS POLICY IS OTHERWISE ENDORSED, CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMITS OF LIABILITY. PLEASE READ THIS POLICY CAREFULLY.

LAWYERS PROFESSIONAL LIABILITY POLICY DECLARATIONS

COMPANY: ASPEN AMERICAN INSURANCE COMPANY

POLICY NUMBER: LPP000343-03

RENEWAL OF: LPP000343-02

PRODUCER NAME & ADDRESS:

B&B Protector Plans, Inc.
d/b/a The Lawyer's Protector Plan
655 North Franklin Street
Suite 1900
Tampa, FL 33602

WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
3757 State St, Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

1. NAMED INSURED:

Nielsen, Merksamer, Parrinello, Gross & Leoni, LLP

2. ADDRESS:

2350 Kerner Boulevard
Suite 250
San Rafael, CA 94901

3. POLICY PERIOD: EFFECTIVE DATE: 05/21/2016 EXPIRATION DATE: 05/21/2017

12:01 A.M. Standard Time at the address of the **Named Insured** as stated in Item 1. above.

4. LIMITS OF LIABILITY (Inclusive of claim expenses ☐, or; exclusive of claim expenses ☒):

A. \$2,000,000 Limit of Liability - Each Claim

B. \$4,000,000 Limit of Liability - Policy Aggregate



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period	
	From	To
EIG 1044762 09	07/01/2016	07/01/2017
12:01 A.M. Standard Time at the address of the Insured as stated herein		

Transaction				
RENEWAL DECLARATIONS				
NCCI Carrier #	31283	WCIRB CARRIER#	00920	PRIOR POLICY NUMBER EIG104476208
1. Named Insured and Address			Agent	
NIELSEN, MERKSAMER, PARRINELLO 1415 L ST STE 1200 SACRAMENTO CA 95814			BUSINESS PROF INS ASSOC 1519 SOUTH B ST SAN MATEO, CA 94402 1380003 Telephone: 6503414484	
Customer #	Carrier #	FEIN #	Risk ID #	Entity of Insured
	31283	942908148	2129439	LIMITED LIAB PARTNER

Additional Locations:

2. The Policy Period is from 07/01/2016 to 07/01/2017 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:
- | | | | |
|---------------------------|----|-----------|---------------|
| Bodily Injury by Accident | \$ | 1,000,000 | each accident |
| Bodily Injury by Disease | \$ | 1,000,000 | policy limit |
| Bodily Injury by Disease | \$ | 1,000,000 | each employee |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY, AK, CT, DE, HI, LA, ME, MA, NE, NH, RI, SD, VT, WV and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	750	Expense Constant	\$	220
			Premium Discount	\$	-423
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	18,633

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this Day of

Issued Date: 07/13/2016

Issuing Office EMPLOYERS PREFERRED INS. CO.
7110 NORTH FRESNO STREET, SUITE 250
FRESNO, CA 93720-2999


Authorized Representative

Issued Date 07/13/2016
WC990630 (5/98 Ed.)

INSURED COPY