



Please forward a copy of your current *Certificate of Insurance* (with endorsements) as quickly as possible or forward this request to your Insurance Agent for COI submittal. We need this information back to our office as soon as possible.

**To: Insurance Agent**

**Re: Insurance Certificates**

Coast to Coast Network Solutions' Customers require that our office have a current certificate of both a *Liability* (with endorsements) and *Worker's Compensation* insurance certificates on file at all times. **COI's must list "Coast To Coast Network Solutions" as certificate holder** .

Please send the following information to Coast To Coast Network Solutions as noted:

Certificate of Insurance - *Liability* - **COI MUST include the following** \*:

- Reference "Coast To Coast Network Solutions, Inc" as additionally Insured
- All endorsements must accompany COI and include verbiage referencing:
  - Policy is "Primary & Noncontributory"
  - Policy must contain "Waiver of Subrogation"

Certificate of Insurance - *Worker's Comp*

- **If you are self-employed and do not carry Workers Compensation, please copy the following statement on your company letterhead, completing the highlighted information and submit it back to our office.**

Our Company, **(list Company name)** filing under TIN# **(provide TIN# or SS#)** is a **(list type of entity ie: Sole Proprietor or LLP)** in the state of **(list state in which you hold your business license)** and as of **(year your company became exempt)** we are not required to hold Worker's Comp Insurance for the following reason(s): **(list reason ie: no employees, etc.)**

It is important for the continued or future work that we receive a copy of these certificates and the remain current at all times. If possible, please set us up on *Automatic Annual Submittal* to ensure the COI remain current and future work is not suspended.

Thank you for your cooperation in this matter.

Sincerely,

Coast to Coast Network Solutions, Inc

\* If your insurance company will be charged an additional fee to include endorsements, please contact our office before incurring this cost or accepting work so we can mutually agree on the best way to proceed.

**Request your agent to return your COI to: AP@c2cit.net or via fax 949-606-9694**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2022

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	My Insurance Agent.com 55 Sycamore Lane Anytown, CA 92551	CONTACT NAME:	Jane Smith	
		PHONE (A/C, No, Ext):	(951) 555-1212	FAX (A/C, No): (951) 555-1216
		E-MAIL ADDRESS:	JSmith@myagent.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Sentinel Insurance Company		11000
INSURED	ABC Company 1121 Main Street, Ste 125 Anytown, CA 92551	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

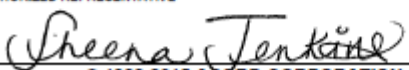
COVERAGES CERTIFICATE NUMBER: 00002836-366004 REVISION NUMBER: 60

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	72SBABC4608	05/07/2022	05/07/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	72WECAD0V9S	03/15/2022	03/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coast to Coast Communications, Inc. is included as Additionally Insured as respects to General Liability and work performed by named insured per attached blanket endorsement(s). Coverage is on a Primary and Non Contributory basis. Waiver of Subrogation in favor of General Liability.

\*\* Info Required \*\*

CERTIFICATE HOLDER	CANCELLATION
Coast To Coast Network Solutions, Inc 34145 Pacific Coast Hwy #237 Dana Point, CA 92629	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  (SMJ)