

CERTIFICATE OF LIABILITY INSURANCE

WTANNER

DATE (MM/DD/YYYY)	
10/27/2020	

SUNRINC-02

		•••					-	1	0/27/2020
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEN	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TI	HE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to	the	terms and conditions of	the poli	cy, certain	policies may			
PRODUCER				CONTAC NAME:	т				
Alliant Insurance Services, Inc.				PHONE (44.5) OAC 7500 FAX					
575 Market St, Ste 3600 San Francisco, CA 94105				(A/C, No, Ext): (415) 946-7500 (A/C, No): E-MAIL ADDRESS:					
Jan 1 ranciscu, CA 34103									
				INSURER(S) AFFORDING COVERAGE					36056
				INSURER A : Navigators Specialty Insurance Company INSURER B : Liberty Mutual Fire Insurance Company					23035
INSURED Vivint Solar Developer, LLC									42404
c/o Sunrun, Inc.			-	INSURER C: Liberty Insurance Corporation					
225 Bush Street, Suite #140	0		-		-	Speciality II	isurance Company		10717
San Francisco, CA 94104			-	INSURE					
				INSUREF	R F :				
			ENUMBER:				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.								O WHICH THIS	
INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY	INSD				(אוואוו) (אוואוו)		EACH OCCURRENCE	\$	2,000,000
CLAIMS-MADE X OCCUR			LA20CGL230321IC		11/1/2020	10/1/2021	DAMAGE TO RENTED	\$	1,000,000
					11,1,2020	10/1/2021	PREMISES (Ea occurrence)	ľ	5,000
							MED EXP (Any one person)	\$	2,000,000
							PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X POLICY X PRO- JECT LOC X OTHER: Retention: \$100,000							PRODUCTS - COMP/OP AGG Per Project Agg	\$	10,000,000
D	+						COMBINED SINGLE LIMIT	\$	2,000,000
							(Ea accident)	\$	2,000,000
			AS2641445522010		11/1/2020	10/1/2021	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	<u> </u>						Liability Ded.:	\$	100,000
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$	
DED RETENTION \$	<u> </u>							\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
			WA764D445522020		11/1/2020	10/1/2021	E.L. EACH ACCIDENT	\$	1,000,000
	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D Commercial Property			IMAAPY820		11/1/2020	10/1/2021	See limit below/Ded:		5,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IES G	ACORI) 101. Additional Remarks Schedul	le, may be	attached if mor	e space is requir	red)	1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers' Compensation Policy WA764D445522020 Deductible: \$500,000.									
Evidence of insurance.									

CERTIFICATE HOLDER	
Evidence 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
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