

## CERTIFICATE OF LIABILITY INSURANCE

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  
NFP PROPERTY & CASUALTY  
SERVICES, INC  
8777 N GAINY CENTER DR  
STE 260  
SCOTTSDALE, AZ 85258

INSURED  
BAF LLC DBA NEW AGE PAINTING  
848 N RAINBOW BLVD # 302  
LAS VEGAS, NV 89107

|                               |                    |
|-------------------------------|--------------------|
| CONTACT NAME:                 |                    |
| PHONE:                        | FAX: (480)947-6699 |
| E-MAIL ADDRESS:               |                    |
| INSURER(S) AFFORDING COVERAGE | NAIC #             |
| INSURER A Central Mutual      | 20230              |
| INSURER B                     |                    |
| INSURER C                     |                    |
| INSURER D                     |                    |
| INSURER E                     |                    |
| INSURER F                     |                    |

CERTIFICATE NUMBER

6675011

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<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSR | SUBR<br>WWD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                    |              |
|-------------|--|--------------|-------------|---------------|----------------------------|----------------------------|---------------------------|--------------|
|             |  |              |             |               | 3/15/2025                  | 3/15/2026                  | EACH OCCURRENCE           | \$ 1,000,000 |
| A           | GENERAL LIABILITY  | Y            | Y           | 8994599       |                            |                            | DAMAGE TO RENTED PREMISES | \$ 300,000   |
|             | X COMMERCIAL GENERAL LIABILITY   |              |             |               |                            |                            | (Ea occurrence)           |              |
|             | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |              |             |               |                            |                            | MED EXP (Any one person)  | \$ 5,000     |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |              |             |               |                            |                            | PERSONAL & ADV INJURY     | \$ 1,000,000 |
|             | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-<br>JECT <input checked="" type="checkbox"/> LOC |              |             |               |                            |                            | GENERAL AGGREGATE         | \$ 2,000,000 |
|             |  |              |             |               |                            |                            | PRODUCTS - COMP/OP AGG    | \$ 2,000,000 |

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

Certificate Holders are additional insured per the attached endorsements.

Subject to all of the terms, conditions, exclusions and definitions of the above referenced policies as issued by the carrier(s).

## CANCELLATION

## CERTIFICATE HOLDER

PROOF ONLY  
PROOF ONLY  
LAS VEGAS, NV 89120

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/23/2025

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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 an endorsement(s).

|          |  |  |  |        |
|----------|--|--|--|--------|
| PRODUCER | PAYCHEX INS AGENCY INC<br>225 KENNETH DR<br>ROCHESTER, NY 14623-4277 | CONTACT<br>NAME:                         |  |        |
|          |  | PHONE<br>(A/C. No. Ext.): (877) 362-6785 | FAX<br>(A/C. No. Ext.): (877) 677-0447 |        |
|          |  | E-MAIL<br>ADDRESS: paychex@travelers.com |  |        |
| INSURED  | INSURER(S) AFFORDING COVERAGE  |  |  | NAIC # |
|          | INSURER A : THE TRAVELERS INDEMNITY COMPANY                          |  |  |        |
|          | INSURER B :  |  |  |        |
|          | INSURER C :  |  |  |        |
|          | INSURER D :  |  |  |        |
|          | INSURER E :  |  |  |        |
|          | INSURER F :  |  |  |        |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INSR LTR   | TYPE OF INSURANCE  | ADDL INSD | SUBR WWD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |  |
|--|--|-----------|----------|-------------------|-------------------------|-------------------------|---|-------------|--|
|  | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input type="checkbox"/> OCCUR   |           |          |                   |                         |                         | EACH OCCURRENCE                           | \$          |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br>POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><br>OTHER  |           |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$          |  |
|  | AUTOMOBILE LIABILITY<br><br>ANY AUTO   |           |          |                   |                         |                         | MED EXP (Any one person)                  | \$          |  |
|  | OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |                   |                         |                         | PERSONAL & ADV INJURY                     | \$          |  |
|  | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION <input type="checkbox"/> \$                       |           |          |                   |                         |                         | GENERAL AGGREGATE                         | \$          |  |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS BELOW | Y/N       | N/A      | UB-9P03002A-25-42 | 04/22/2025              | 04/22/2026              | X PER STATUTE                             | OTH -ER     |  |
| A  |  |           |          |                   |                         |                         | 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) |  |           |          |                   |                         |                         |   |             |  |

## CERTIFICATE HOLDER

## CANCELLATION

|   |   |
|---|---|
| BAF LLC DBA NEW AGE PAINTING & COATINGS<br>848 N RAINBOW BLVD<br># 302<br>LAS VEGAS, NV 89107 | 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<br>Renan M. Beltran   |

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