•		Policy Number: NN147666							Date Entered: 05/07/2012			
				ATE OF LIA	RII	ITY IN	ISURA	NCE	DATE (MM/DD/YYYY)			
<u> </u>									-	/2012		
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 CONTACT Birte Koors												
Koors Insurance Group						PHONE (A/C, No, Ext): (805)494-4174 FAX (A/C, No): (805)494-6729						
660 Hampshire Road, Suite 112 Westlake Village, Ca 91361-2553					E-MAIL ADDRESS: BKoors@aol.com							
Westlake Village, Ca 91301-2355					INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED COTE Stix LLC					INSURER A: Nautalis							
						INSURER B :						
	Kregg Koch Mike Kadar 3609 N Poinsettia Ave					INSURER C :						
Manhattan Beach, CA 90266					INSURER E :							
	-				INSURER F :							
			-	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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ			
А	COMMERCIAL GENERAL LIABILITY	\times		NN147666		06/01/2011	06/01/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	Ψ -	000,000,000,000		
[CLAIMS-MADE CLAIMS-MADE			MUT41000				MED EXP (Any one person) PERSONAL & ADV INJURY		00,000		
								GENERAL AGGREGATE	\$2,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	_{\$} 2,0	00,000		
	POLICY PRO- JECT LOC								\$			
								COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	. ,			
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	HIRED AUTOS AUTOS							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYER E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OPERATIONS BEIOW								Ψ			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
Wayfair LLC, 177 Huntington Avenue, Suite 6000,						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Boston, MA 02115						AUTHORIZED REPRESENTATIVE						
Birt							irte Koors					
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ACORD 25 (2010/05)