



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

April 25, 2026

PCG Scotland II LLC  
J & J Commercial Properties, Inc.  
2323 W UNIVERSITY DR  
TEMPE AZ 85281

## Account Information:

|                         |                                  |
|-------------------------|----------------------------------|
| Policy Holder Details : | Turnkey Packaging Solutions, LLC |
|-------------------------|----------------------------------|



## Contact Us

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### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/25/2026

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).

|  |   |   |
|--|---|---|
| <b>PRODUCER</b><br>NUTMEG INS AGENCY INC/PHS<br>76210775<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | <b>CONTACT NAME:</b><br>PHONE (888) 925-3137 FAX (A/C, No, Ext):<br>E-MAIL ADDRESS: |   |
|  | <b>INSURER(S) AFFORDING COVERAGE</b> NAIC#  |   |
| <b>INSURED</b><br>Turnkey Packaging Solutions, LLC<br>22425 S Scotland Ct, Suite 104<br>Queen Creek AZ 85142                                   | INSURER A :   | Hartford Underwriters Insurance Company 30104 |
|  | INSURER B :   |   |
|  | INSURER C :   |   |
|  | INSURER D :   |   |
|  | INSURER E :   |   |
|  | INSURER F :   |   |

**COVERAGES****CERTIFICATE 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  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYY) | LIMITS                                    |             |
|----------|--|-----------|----------|---------------|-------------------------|--------------------------|---|-------------|
| A        | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> General Liability  | X         |          | 76 SBW AS7BC4 | 05/24/2026              | 05/24/2027               | EACH OCCURRENCE                           | \$1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  |           |          |               |                         |                          | 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 - COMP/OP AGG                    | \$2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |           |          |               |                         |                          | COMBINED SINGLE LIMIT (Ea accident)       |             |
|          |  |           |          |               |                         |                          | BODILY INJURY (Per person)                |             |
|          |  |           |          |               |                         |                          | BODILY INJURY (Per accident)              |             |
|          |  |           |          |               |                         |                          | PROPERTY DAMAGE (Per accident)            |             |
|          | <b>UMBRELLA LIAB EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |               |                         |                          | EACH OCCURRENCE                           |             |
|          |  |           |          |               |                         |                          | AGGREGATE                                 |             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       |          |               |                         |                          | PER STATUTE                               | OTH-ER      |
|          |  | N/A       |          |               |                         |                          | E.L. EACH ACCIDENT                        |             |
|          |  |           |          |               |                         |                          | E.L. DISEASE -EA EMPLOYEE                 |             |
|          |  |           |          |               |                         |                          | E.L. DISEASE - POLICY LIMIT               |             |
| A        | Data Breach - Defense & Liab Covg  |           |          | 76 SBW AS7BC4 | 05/24/2026              | 05/24/2027               | Limit                                     | \$50,000    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SL3032 attached to this policy.

**CERTIFICATE HOLDER****CANCELLATION**

PCG Scotland II LLC  
 J & J Commercial Properties, Inc.  
 2323 W UNIVERSITY DR  
 TEMPE AZ 85281

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

*Susan L. Castaneda*

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