

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2020

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 of this certaincate does not confer rights to the certaincate noise in field of such endorsement(s).									
PRODUCER		CONTACT NAME: Josh Rooney							
Carla Ramirez Insurance Agency, Inc 3201 N Sepulveda Blvd Ste F		PHONE (A/C, NO, EXT): 310-545-1027	FAX (A/C, NO): 310-545-5984	545-5984					
MANHATTAN BEACH CA 902	266	E-MAIL ADDRESS: josh@cramirezinsurance.com							
		INSURER(S) AFFORDING CO	NAIC#						
INSURED		INSURER A: Atain Specialty Insurance C	17159						
		INSURER B: United Financial Cas Co	11770						
SOUTH BAY DOOR INC		INSURER C: Mid Century Insurance Con	21687						
732 N CATALINA AVE		INSURER D:							
REDONDO BEACH CA	90277-2135	INSURER E:							
REDONDO BEACH CA	4 90211-2133	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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		ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
А	X	CLAIMS-MADE	OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,00
		CLAIMS-MADE	OCCUR						PREMISES (Ea Occurrence)	_	100,00
						DWDE000000	00/40/0000	00/40/0004	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	5,00 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:		n	n	BWPF0000339	06/13/2020	06/13/2021	,	\$	2,000,00	
	X	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	ŀ.	2,000,00
		OTHER:								\$	2,000,00
В	AU	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	100,00
			SCHEDULED AUTOS	n	n	01309482-6	01/14/2020	01/14/2021	BODILY INJURY (Per accident)	\$	300,000
		HIRED AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	50,00
										\$	
		UMBRELLA LIAB (OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB (CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION	1\$							\$	
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y		N/A N		A09598909	05/01/2020	05/01/2021	X PER STATUTE OTHER	\$	
									E.L. EACH ACCIDENT	\$	1,000,000
					N				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESCR	RIPTI	ON OF OPERATIONS/LOCAT	TIONS/VEHICLE	S (ACORD	101, Add	itional Remarks Schedule, may be	attached if more spa	ce is required)			
CERTII	FICAT	TE HOLDER				CANCELL	ATION				

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

