

ERTIFICATE OF LIABILITY INSURANCE

MBANKS DATE (MM/DD/YYYY)

CLASSHA-01

							3/23/2020			
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.									E POLICIES	
lf	MPORTANT: If the certificate I SUBROGATION IS WAIVED, s his certificate does not confer rig	subject to	the	terms and conditions of	the po	licy, certain	policies may			
PRO	DUCER	-			CONTA NAME:	СТ				
P O	ck 10 Insurance Services, Inc. 9 Box 15608 1 Diego, CA 92175				PHONE (A/C, No, Ext): (866) 376-2510 FAX (A/C, No): (866) 376-2511 E-MAIL ADDRESS: Service@rock10insurance.com					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Rocking	gham Insur	ance Company		10214
INSURED					INSURER B :					
Classic Shades Painting Company Inc. 1555 Yosemite Ave #15				с.	INSURER C :					
San Francisco, CA 94124					INSURER D :					
					INSURE					
	VERAGES	CERTIE	САТ	E NUMBER:	INSURE	КГ.		REVISION NUMBER:		1
	THIS IS TO CERTIFY THAT THE P				HAVE B	FEN ISSUED			HE PO	
	NDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	NY REQU MAY PER	IREM	ENT, TERM OR CONDITIO , THE INSURANCE AFFORI	N OF A DED BY	NY CONTRA	CT OR OTHEF	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			RCAA304723-00		4/1/2020	4/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER	:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		_						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULE AUTOS HIRED AUTOS ONLY NON-OWNE AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS	-MADE						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY	<u>Y / N</u>						STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. EACH ACCIDENT	\$	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES For	CRIPTION OF OPERATIONS / LOCATIONS / proof of coverage/bidding purpos	VEHICLES (es only. To	ACORI D Veri	D 101, Additional Remarks Schedu fy coverage, please contac	ile, may b ot the A	e attached if mor gent.	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				

PROOF 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	