



CERTIFICATE OF LIABILITY INSURANCE

UNION-1 OP ID: JAD

DATE (MM/DD/YYYY)

07/28/2015

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 Builders Advantage Insurance 107 Main Street Roseville, CA 95678 Jennifer Addison	Phone: 916-784-9793 Fax: 916-784-9799	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : Security National Ins Co		NAIC #
INSURED Union Investments, Inc. DBA: Stoneshine 2110 E. McFadden Ave., Suite G Tustin, CA 92705	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.

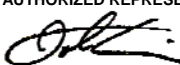
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		NA102594503	06/17/2015	06/17/2016	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fenton NCP LLC and H.G.Fenton Company are named as additional insured under the commercial general liability policy per attached endorsement.

RE: 2424 Hoover Ave Unit T National City, CA 91950

CERTIFICATE HOLDER**CANCELLATION**

Fenton NCP LLC and H.G.Fenton Company 7577 Mission Valley Rd Ste 200 San Diego, CA 92108	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  John Eslinger
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ENDORSEMENT
NO. 02

SECURITY NATIONAL INSURANCE CO

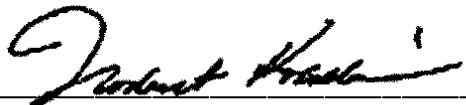
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (STANDARD TIME)				INSURED	PRODUCER AND CODE
	MO.	DAY	YR.	12:01		
NA102594503	07	24	15	A.M. X	UNION INVESTMENTS INC DBA: STONESHINE	BU029 BUILDERS & TRADESMEN'S INS SVC

PER REQUEST, ADDED SECOND LOCATION TO REFLECT:

2424 HOOVER AVE UNIT T
NATIONAL CITY, CA 91950

BUILDERS ADVANTAGE INS SRVCS INC - BU029

DATE 07-27-15
MJD


Authorized Representative

- INSURED -

ATHOMPSO

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. NA102594503

Effective Date: 06-17-2015

12:01 A.M. Standard Time

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$ 2,000,000	
Products – Completed Operations Aggregate Limit	\$ 2,000,000	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to You (Fire Damage) Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:
 2110 E MCFADDEN AVE STE G, SANTA ANA, CA 92705
 2424 HOOVER AVE UNIT T, NATIONAL CITY, CA 91950

PREMIUM

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
TILE, STONE, MOSAIC & TERRAZZO	99746	131,420 (p)	INCL	25.989	INCL	3,415
FAULTY WORKMANSHIP	73444	(c)	INCL		INCL	30
Total Advance Premium						3,445

(a) area – per 1000 sq. ft. (m) admissions – per 1000 (e) each (u) units
 (s) gross sales – per \$1000 (p) payroll – per \$1000 (c) total cost – per \$1000

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Schedule of Applicable Forms

*Information Omitted if shown elsewhere in the policy

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS THE NAME OF THE INSURED AND THE POLICY PERIOD.

This page alone does not provide coverage and must be attached to a Commercial Lines Common Policy Declarations Page, Common Policy Conditions, Coverage Part Coverage Form(s) and any other applicable forms and endorsements.

-INSURED-