

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2015

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

	e terms and conditions of the policy rtificate holder in lieu of such endor						ement on th	is certificate does not c	onfer r	rights to the	
PRODUCER						CONTACT NAME:					
Brown & Brown Insurance Brokers of Sacramento, Inc P. O. Box 619043 Lic #0H38004 Roseville CA 95661-9043						PHONE (A/C, No, Ext): 916-630-8643 FAX (A/C, No): 800-783-0083					
						E-MAIL ADDRESS:					
						INS	. ,	RDING COVERAGE		NAIC #	
					INSURE	R A : Republic	C Underwrite	ers Ins. Co.		24538	
INSURED UNION-2						INSURER B:					
Union Investments Inc. dba Stoneshine						INSURER C:					
2110 E McFadden Ave Ste. G						INSURER D:					
Santa Ana CA 92705						INSURER E:					
	VERAGES CER	TIF1	~ A T F	E NUMBER: 283775616	INSURE	RF:		DEVICION NUMBER.			
TI IN CI	IIIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT	INSUF REME TAIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOMBER		(WIW/DD/TTTT)	(WIM/DD/TTTT)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR										
	- OCCUR							EACH OCCURRENCE	\$		
	CLAIWS-WADE	1						AGGREGATE	\$		
Α	WORKERS COMPENSATION			ATW00713400		7/1/2015	7/1/2016	X PER OTH-	Φ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$1,000	0.000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000		
Evic	cription of operations / locations / vehic ence of Insurance. nse #933838	ELES (ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requii	red)			
						CANCELLATION					
Contractors State License Board P.O. Box 26000 Sacramento CA 95826						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					
	ı				4	Sal.	100				