

Stromena Incurance Agency

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/02/2017

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 on this certificate does not confer rights to the certificate holder in tieu of such endorsement(s).

Krista Clements

DOUGLAR RAILEY DBA: Quality Janitorial Service 30869 Young Dove Street Menifee, CA 92584 COVERAGES CERTIFICATE NUMBER: D0000000-639122 REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREN NAMED ABOVE FOR THININCATED NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURANCE MENT IN THE SURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NORT TYPE OF INSURANCE ADDITIONAL HIMTOSOMY POLICIES WITH THE SURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSION AND CHARLES WITH THE SURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NORT TYPE OF INSURANCE ADDITIONAL HIMTOSOMY POLICIES WITH THE SURANCE AFFORDED BY THE POLICIES OF POLICY FOR MINIODOMY POLICIES WITH THE SURANCE AFFORDED BY PAID CLAIMS. REAL TYPE OF INSURANCE AFFORDED BY PAID CLAIMS. PROPRIED AND MAY DOUBT AFFORDED BY PAID CLAIMS. REAL TYPE OF INSURANCE AFFORDED BY PAID CLAIMS. PROPRIED BY PAID CLAIMS AFFORDED BY PAID CLAIMS. REAL TYPE OF INSURANCE AFFORDED BY PAID CLAIMS. PROPRIED BY PAID CLAIMS. PR	HE POLICY PERIOD OT TO WHICH THIS
License #: 0D06577 INSURER A: Ohio Security Insurance Co INSURER A: Ohio Security Insurance Co INSURER B: Markel Insurance Company INSURER B: Markel Insurance Constitution Number B: Insurer B: Insur	R: 43 HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
Douglas Railey DBA: Quality Janitorial Service 30869 Young Dove Street Menifee, CA 92584 COVERAGES CERTIFICATE NUMBER: 00000000-839122 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE AND SHOWN AND CONTRACT OR OTHER DOCUMENT WITH RESPECT OR	R: 43 HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
INSURED Douglas Railey DBA: Quality Janitorial Service 30869 Young Dove Street Menifee, CA 92584 COVERAGES CERTIFICATE NUMBER: 00000000-639122 REVISION NUMBER: NSURERE: INSURERE: INSU	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
DBA: Quality Janitorial Service 30869 Young Dove Street Menifee, CA 92584 COVERAGES CERTIFICATE NUMBER: 0000000-639122 REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THINICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERFAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE INDUSTRY. A X COMMENCIAL GENERAL LIABILITY A X COMMENCIAL GENERAL LIABILITY AND AND A MOLICIAN AND A CONTRACT OF THE POLICIES OF THE POLI	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
30869 Young Dove Street Menifee, CA 92584 INSURER	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
Menifee, CA 92584 PSURER	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
COVERAGES CERTIFICATE NUMBER: 0000000-39122 REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OR ANY EDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OR ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL OF INSURANCE ADDISONER AND SHOWN MADE TO POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL OF INSURANCE AND SHOWN MADE TO POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL OF INSURANCE AND SHOWN MADE TO POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. B KS56805230 11/22/2016 11/22/2016 11/22/2016 11/22/2016 11/22/2016 11/22/2017 ACH OCCURRENCE BECOND IN AND SHOWN MADE ANTOS ONLY	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THINDICATED, NOTWITHSTANDING ANY RECUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NOR! TYPE OF INSURANCE A COMMERCIAL GENERAL LIABILITY CLAIMS MADE A COMMERCIAL GENERAL LIABILITY CLAIMS MADE CLAIMS MADE A COMMERCIAL GENERAL LIABILITY ANY AUTO CHARLES OF A COLOR OF THE MADE AUTOS OF THE MADE AUTOS OF THE POLICIES OF THE MADE AUTOS OF THE POLICIES OF THE POLI	HE POLICY PERIOD OT TO WHICH THIS ALL THE TERMS,
INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NEAR TYPE OF INSURANCE INDICATED IN THE INSURANCE POLICY BY POLICY BY PAID CLAIMS. NEAR TYPE OF INSURANCE INDICATED IN THE INSURANCE IN THE INSURAN	CT TO WHICH THIS ALL THE TERMS,
A X COMMERCIAL GENERAL LIABRLITY QLAMS MADE X OCCUR GENERAL AGGREGATE LIMIT APPLIES FER X POLICY DELTO OTHER AUTOMOBILE LIABRLITY ANY AUTO CWNED AUTOS ONLY AUTOS ONL	
A X COMMERCIAL GENERAL LIABRLITY QLAMS MADE X OCCUR GENERAL AGGREGATE LIMIT APPLIES FER X POLICY DELTO OTHER AUTOMOBILE LIABRLITY ANY AUTO CWNED AUTOS ONLY AUTOS ONL	s 1,000,000
GENL AGGREGATE UMIT APPLIES PER GENERAL REPORT LOC OTHER AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED AUTOS ONLY A	
MEDEXP (Any one parson PERSONAL P. APA MALIE GENEL ASGREGATE LIMIT APPLIES PER X POUCY PRODUCTS COMPOPY OTHER AUTOMOBILE LIABILITY ANY AUTO CHAPTER AUTOSONLY SCHEQUILED AUTOSONLY AUTOSONLY NOTE DODILY INJURY (Per parson DODILY INJURY (Per parson PROPERTY DAMASE (For AUTOSONLY AUTOSONLY NOTE DODILY INJURY (Per parson PROPERTY DAMASE (For AUTOSONLY AUTO	e) \$ 1,000,000
GENERAL AGGREGATE X POLICY LECT LOC OTHER AUTOMOBILE LIABILITY ANY AUTO CWINED AUTOS ONLY AUTOS ONLY AUTOS	40 000
X PCLICY CC CC CC CC CC CC CC	y s 1,000,000
OTHER AUTOMOBILE LIABILITY ANY AUTO ANY AUTO CONNED AUTOS ONLY AUTOS ONL	\$ 2,000,000
OTHER AUTOMOBILE LIABILITY ANY AUTO ANY AUTO CONNED AUTOS ONLY AUTOS ONL	AGG \$ 2,000,000
AUTOMOBILE LIABILITY ANY AUTO CYMED AUTOS ONLY AUTOS	\$
ANY AUTO CWIED AUTOS ONLY AUTOS NON-WINDED AUTOS ONLY	\$
AUTOS ONLY AUTOS ONLY NON-COMPANIAN AUTOS ONLY NON-COMPANIAN ENCLOSE IN AUTOS ONLY NON-COMPANIAN ENCLO	son) \$
UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY OFFICE PROCEDURE COMPENSATION AND EMPLOYERS' LIABILITY OFFICE PROCEDURE COMPENSATION OFFICE PROCEDURE COMPENSATION OF OPERATIONS below C Janitorial Bond EACH OCCUR EACH OCCUR AGGREGATE DED RETENTIONS Y MIWCO031589-06 05/01/2017 05/01/2018 X STATUTE OFFI EL DISEASE - EAEMPL EL DISEASE - EAEMPL EL DISEASE - POLICY LI C Janitorial Bond DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	dent) \$
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY COMPENSATION AND EMPLOYERS' LIABILITY ANY COMPENSATION AND EMPLOYERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICE FROM EMBER EXCLUSEDY (Mandatory in N-1) If yes, describe under DESCRIPTION OF OPERATIONS below C Janitorial Bond 62422738 DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	\$
B WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND EMPLOYERS LIABILITY AND EMPLOYERS HABILITY OFFICE MEMBER EXCLUSEDY (Mandatory in N-1) If yes, describe under DESCRIPTION OF OPERATIONS below C Janitorial Bond C Janitorial Bond AGGREGATE AGGREGATE AGGREGATE AGGREGATE O5/01/2018 X PER TOTE DESCRIPTION OF OPERATIONS below FL DISEASE - FOLICY LI C Janitorial Bond C Janitorial Bond AGGREGATE D5/01/2018 D5/01/2018	\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY COMPENSATION AND EMPLOYERS' LIABILITY OFFICE FROM MERIER EXCLLEED? (Mandstory in N-1) If yes, describe under DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	\$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILIT	\$
AND SMITCHES DAY AND INTERPREDICT OF FIGURE AND AND INTERPR	\$
ANY MACHINE COUNTENAMEDIA CO. TIME. OFFICE AMERICAN ENGINEER COLLEGE? (Mandatory in N°1) If yes, describe under DESCRIPTION OF OPERATIONS below 62422738 DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	[H-
C DISEASE - EA EMPA. E L. DISEASE - EA EMPA.	: 1,000,000
C Janitorial Bond 62422738 06/09/2015 06/09/2018 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	OYEE \$ 1,000,000
DESCRIPTION OF OPERATIONS (LOCATIONS (VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	IMIT \$ 1,000,000
	15,000
The City of Colton, its directors, officials, officers, employees, agents and volunteers are named as additional in respects to the General Liability policy per the attached endorsement # CG8810 (04/13). Workers Compensation includes Walver of Subrogation per attached endorsement #WC 040306. General Liability is deemed primary and holder shall be non-contributory per attached endorsement #CG8810 (04/13).	Insurance
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES ETHE EXPIRATION DATE THEREOF, NOTICE WILL BE DIACCORDANCE WITH THE POLICY PROVISIONS. 650 N. LaCadena Dr.	
Colton, CA 92324 AUTHORIZED REPRESENTATIVE	ELIACKER IN
heee-	ELIYEREU IN