

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/04/2016

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).

certificate holder in lieu of such endorsement(s).												
PROI	DUCER					CONTACT NAME: Maria Marquez						
Morton V Roberts Jr. Lic#0D35481						PHONE (A/C, No, Ext): 310 842-7679 FAX (A/C, No): 310 842-7683						
StateFarm 3306 Helms Ave						E-MAIL ADDRESS: Maria Marquez.FM72@statefarm.com						
Quiver City, Ca 90232-7460						INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A :State Farm General Insurance Company				25151			
NSURED LIC # 827702						INSURER B : State Farm Mutual Automobile Insurance Company				25178		
CARPET FLOORS & N				RE IN	IC	INSURER C : State Farm Fire and Casualty Company				25143		
2349 WESTWOOD BL				_VD			INSURER D :					
LOS ANGELES, CA 9				ı		INSURER E :						
2007.11022220, 0710				•								
COVERAGES CER				ATE	NUMBER:	INSURER F : REVISION NUMBER:						
_						AVE 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												
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.												
NSR ADDLISUBR						POLICY EFF POLICY EXP						
LTR	V 60	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY		WVD POLICY NUMBER			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		2 000 000	
Α					92-XT-3311-5 G		12/29/2015	12/29/2016	DAMAGE TO RENTED	\$	3,000,000	
	\vdash	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	3,000,000	
		GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	6,000,000	
	X PO	LOC PRO-							PRODUCTS - COMP/OP AGG	\$	6,000,000	
		HER:							COMPINED ONIOLE LIMIT	\$		
В	AUTOMOBILE LIABILITY			318 1302 D17 75			10/17/2015	04/14/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		Y AUTO							BODILY INJURY (Per person)	\$		
		L OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	\times HIF	RED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	UM	IBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EX	CESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DE	D RETENTION \$								\$		
Α		RS COMPENSATION PLOYERS' LIABILITY			92-XT-3311-5 MS	12/29/201	12/29/2015	12/09/2016	PER OTH- STATUTE ER			
ANY PROPR		PRIETOR/PARTNER/EXECUTIVE	N/A		32-X1-3311-3 MO	' I	12/23/2010	12/03/2010	E.L. EACH ACCIDENT	\$	1,000,000	
		R/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	<u> </u>	THE TOTAL STREET										
DESC	CRIPTION	OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	e, may be	e attached if more	e space is require	ed)			
			·						•			
OFFITIOATE HOLDER												
CERTIFICATE HOLDER						CANCELLATION						
						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					

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