

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

HFAHY

RAMFBUI-01

				\								0	4/05/2017
C B	ERT ELO	IFICATE DOE W. THIS CE	s no Rtifi	OT AFFIRMAT	IVEL	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BYT	HE POLICIES
lf	SU	BROGATION I	IS W	AIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may			
PRO	DUCE	R						CONTA NAME:	СТ				
George Petersen Insurance Agency, Inc.								PHONE (A/C, No, Ext): (707) 525-4150 FAX (A/C, No):(707) 525-4175					525-4175
P.O. Box 3539 Santa Rosa, CA 95402								E-MAIL ADDRE	_{ss:} info@gp	ins.com	· (• • • , • •	,,	
								INSURER(S) AFFORDING COVERAGE					NAIC #
									INSURER A : Nationwide Mutual Insurance Company				
INSURED									INSURER B: State Compensation Insurance Fund				
Ramfire Building Maintenance									INSURER C :				
				ce Street #G				INSURER D :					
		Petaluma	I, CA	94954				INSURER E :					
									INSURER F :				
CO	VER	AGES		CER	RTIFI	CATE	E NUMBER:	REVISION NUMBER:					
IN C E	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	FHSTA	ANDING ANY F SUED OR MAY	REQU PER POLI	IREMI TAIN, CIES	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES BED HEREIN IS SUBJECT	PECT T	O WHICH THIS
		TYPE OF I		-	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		4 000 000
Α	X	COMMERCIAL GE									EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MAE	DE 🔰	C OCCUR			ACP 782 0114476		10/25/2016	10/25/2017	PREMISES (Ea occurrence)	\$	300,000
											MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC									PRODUCTS - COMP/OP AGO	\$	2,000,000	
•		OTHER:									COMBINED SINGLE LIMIT	\$	4 000 000
Α										(Ea accident)	\$	1,000,000	
		ANY AUTO					ACP 782 0114476		10/25/2016	10/25/2017	BODILY INJURY (Per person)	\$	
	v	OWNED AUTOS ONLY									BODILY INJURY (Per accider PROPERTY DAMAGE	t) \$	
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							(Per accident)	\$	
												\$	
		UMBRELLA LIAB	-	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	:						AGGREGATE	\$	
в	wor			1\$							X PER OTH-	\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						1529081-16		07/01/2016	07/01/2017	▲ STATUTE ER		1,000,000
					N / A		1323001-10	0110112	01/01/2010		E.L. EACH ACCIDENT	\$	1,000,000
											E.L. DISEASE - EA EMPLOY		1,000,000
										E.L. DISEASE - POLICY LIMI	Г \$	1,000,000	
			NO / 1							<u> </u>			
		of of Coverage	NS/LC	DCATIONS / VEHIC	LES (ACORL	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)		
CE	RTIF		ER					CANC	ELLATION				
											ESCRIBED POLICIES BE		
	Insured's Copy								THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

AUTHORIZED REPRESENTATIVE

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