



PERFWIN-01

ACRUZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2015

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 AP Intego Insurance Group, LLC 144 North Road Suite 2050 Sudbury, MA 01776	CONTACT NAME:		
	PHONE (A/C, No, Ext): (800) 274-4532	FAX (A/C, No):	
	E-MAIL ADDRESS: info@apintego.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : AMGuard		42390
	INSURER B : Guard Insurance Group		25844
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED Picture Perfect Windows & Doors, inc 5980 Fairmont Ave Ste 108 San Diego, CA 92120	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PIBP611292	03/02/2015	03/02/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							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 accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PIUM601023	03/02/2015	03/02/2016	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			PEWC456801	06/26/2014	06/26/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate is issued as proof of Liability Insurance only.

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	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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Important Information



Perfect Windows and Doors Inc
5980 Fairmount Avenue
Ste 108
San Diego, CA 92120

Agency

AP INTEGO INSURANCE GROUP
333 W. Commercial Street
Suite 2500
East Rochester, NY 14445

Changes to Your Workers' Compensation Policy with NorGUARD Insurance Company

Policy Number PEWC456801

Policy Period

From June 26, 2014 to June 26, 2015, 12:01 AM, standard time at the insured's mailing address.

Party Requesting the Change and Type of Endorsement

The Agent - Deleted 0_040 effective 06/26/2014

State: CA; Code: 5107 DOOR,DOOR FRAME OR PRE-GLAZED WINDW Payroll: \$3,000

The Agent - Deleted 0_040 effective 06/26/2014

State: CA; Code: 5107 DOOR,DOOR FRAME OR PRE-GLAZED WINDW Payroll: \$8,296

The Agent - Deleted 0_040 effective 06/26/2014

State: CA; Code: 5107 DOOR,DOOR FRAME OR PRE-GLAZED WINDW Payroll: \$0

The Agent - Added Blanket Waiver of Subrogation effective 06/26/2014

State: CA;

The Agent - Deleted Waiver of Subrogation effective 06/26/2014

Name: SRM Investments LLC; Job Description: window installation

The Agent - Deleted Waiver of Subrogation effective 06/26/2014

Name: H.G. Fenton Company; Job Description: window and door retrofit

The Agent - Deleted Waiver of Subrogation effective 06/26/2014

Name: Watkins Landmark Construction; Job Description: division 8 storefront system and door system

Premium change: \$ 220.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective See Above

Policy No. PEWC456801

Endorsement No. 3

Insured Perfect Windows and Doors Inc

Premium \$220

Insurance Company
NorGUARD Insurance Company

Countersigned by _____

Thank You Again for Choosing Berkshire Hathaway GUARD Insurance Companies!

Endorsement
WC 99 00 13

Important Information



Perfect Windows and Doors Inc
5980 Fairmount Avenue
Ste 108
San Diego, CA 92120

Agency

AP INTEGO INSURANCE GROUP
333 W. Commercial Street
Suite 2500
East Rochester, NY 14445

Call Customer Service at 800-673-2465 with any questions.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be $\frac{1.02}{1.02}$ % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Blanket Waiver - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

All CA Operations

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No. PEWC456801
Insurance Company

Endorsement No.

Countersigned By _____

POLICY NUMBER: PIBP611292
Date Processed: 03/11/2015

BUSINESSOWNERS
BP 12 01 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS POLICY CHANGES

Picture Perfect Windows & Doors, Inc
5980 Fairmount Ave Ste 108
San Diego, CA 92120

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER PIBP611292	POLICY CHANGES EFFECTIVE 03/11/2015	COMPANY AmGUARD Insurance Company
NAMED INSURED Picture Perfect Windows & Doors, Inc		AUTHORIZED REPRESENTATIVE
CHANGES		
Recalc		
Recalc	Premium/Fee Differences	
Policy Forms		
Added	Blanket Additional Insured - Owners, Lessees or Contractors - With Additional Insured Requirement In Construction Contract (BP 04 51 01 06)	

POLICY AMOUNT AND PREMIUM ADJUSTMENT					
Coverage Description	Limits Of Insurance		Premiums		<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	
Blanket Additional Insured - Owners, Lessees or Contractors - With Additional Insured Requirement In Construction Contract			\$	\$ 93.00	\$ 93.00

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
\$ 93.00	\$ 0.00
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – WITH ADDITIONAL INSURED REQUIREMENT IN CONSTRUCTION CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

- 3.** Any person(s) or organization(s) for whom you are performing operations is also an additional insured, if you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be included as an additional insured on your policy. Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a.** Your acts or omissions; or
 - b.** The acts or omissions of those acting on your behalf;in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed or the contractor's agreement is terminated.

POLICY NUMBER:PIBP611292
Date Processed: 03/12/2015

BUSINESSOWNERS
BP 12 01 07 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS POLICY CHANGES

Picture Perfect Windows & Doors, Inc
5980 Fairmount Ave Ste 108
San Diego, CA 92120

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUMBER PIBP611292	POLICY CHANGES EFFECTIVE 03/11/2015	COMPANY AmGUARD Insurance Company
NAMED INSURED Picture Perfect Windows & Doors, Inc		AUTHORIZED REPRESENTATIVE
CHANGES		
Policy Forms		
Added	Waiver Of Transfer Of Rights Of Recovery Against Others To Us (BP 04 97 01 06)	

POLICY AMOUNT AND PREMIUM ADJUSTMENT					
Coverage Description	Limits Of Insurance		Premiums		<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium	
			\$	\$	\$

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN
\$ 0.00	\$ 0.00

REMOVAL PERMIT If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
Various
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.