

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2018

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 | , | CONTACT NAME: Jeremy Foley | | | | |
|---|------------------------------------|---|--------|-----------------|--|--|
| Foley Business Insurance Agenc PO Box 4945 | | PHONE (A/C, No, Ext): 818-386-8913 FAX (A/C, No): 8 | |): 818-450-0126 | | |
| Chatsworth CA 91313 | | E-MAIL ADDRESS: foleyins@gmail.com | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | | INSURER A: Allied World Surplus Lines | 24319 | | | |
| INSURED | M3SER-1 | INSURER B: Benchmark Insurance Company | 41394 | | | |
| M3 Services, Inc. 15342 Hawthorne Blvd Ste#203 | | INSURER C: | | | | |
| Lawndale CA 90260 | | INSURER D: | | | | |
| | | INSURER E : | | | | |
| | | INSURER F: | | | | |
| 001/504.050 | AEDTIEIAATE NIIIABED (0.00.400.400 | DE1//0101111 | | | | |

COVERAGES CERTIFICATE NUMBER: 1350129423 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 | | ADDL: | | POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|--|-------|------|---------------|------------|----------------------------|-------------------------------------|--------------|
| A | GENERAL LIABILITY | INGIN | 1110 | 5057-2151 | 2/19/2018 | 2/19/2019 | EACH OCCURRENCE DAMAGE TO RENTED | \$ 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | PREMISES (Ea occurrence) | \$ 50,000 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | Pollution Liability: | \$ 1,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | CST5013858 | 9/29/2018 | 9/29/2019 | X WC STATU- OTH- TORY LIMITS ER | |
| | ANV DRODRIETOR/DARTNER/EYECLITIVE | N/A | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
*Except 10 days Cancellation Notice for Non-Payment or Non-Reporting of Premium.
License#823652.

| CERTIFICATE HOLDER |
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Contractors State License Board PO 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

CANCELLATION



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