

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/22/2018

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 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 lieu of such endorsement(s).

PRO	DUCE	ER				CONTACT Customer Service Team							
Preferred American Insurance							PHONE (888) 745-0002 FAX (A/C, No): (888) 834-0006						
4740 Green River Road							E-MAIL address: customerservice@preferredamerican.com						
Ste. #304							INSURER(S) AFFORDING COVERAGE						
Corona CA 92880							INSURER A: U.S. Specialty Insurance Company					29599	
INSURED							INSURER B:						
Roobik Petros, DBA: R Power Services							INSURER C:						
3638 Markridge Road							INSURER D :						
···· · · · · · · · · · · · · · · · · ·							INSURER E :						
La Crescenta CA 91214							INSURER F:						
COVERAGES CERTIFICATE NUMBER: 18-19 Certs							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													
		ATED. NOTWITHSTANDING ANY REQUI											
		IFICATE MAY BE ISSUED OR MAY PERT							SUBJECT TO ALL	THE TERM	S,		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE INST     ADDL SUBR							POLICY EFF   POLICY EXP						
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS \$ 1,000,000			
	×								EACH OCCURRENCE DAMAGE TO RENTE		Ψ	-	
		CLAIMS-MADE OCCUR							PREMISES (Ea occu	rrence)	\$ 100,		
									MED EXP (Any one	person)	\$ 5,000		
Α					U18AC92713-02		06/01/2018	06/01/2019	PERSONAL & ADV I	NJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREG	3ATE	\$ 2,00	0,000	
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ 2,00	0,000	
		OTHER:									\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO								BODILY INJURY (Pe	r person)	\$		
		OWNED SCHEDULED AUTOS ONLY					BODILY IN		er accident)	ent) \$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	Æ	\$		
		1							, ,		\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		RKERS COMPENSATION							PER STATUTE	OTH- ER	•		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA E		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OFERATIONS DEIOW									L.L. DIOLAGE - I OL	IOT LIWIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
			•			•							
						OANOFILIATION							
CERTIFICATE HOLDER							CANCELLATION						
							SHOULD ANY OF THE ABOVE DESCRIBED BOLLOIES BE CANCELLED BEFORE						
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		Evidence of Insurance				ACCORDANCE WITH THE POLICY PROVISIONS.							
							AUTHORIZED REPRESENTATIVE						
							Elledan						
		1				Ellerthe							