| | | | | | | | | JBDEN-1 | | OP ID: AK | |
|---|---|---------------|-----------------|---|--|--|----------------------------|---|-------------------|---------------------------------|--|
| Ą | CORD [®] CERT | ٦F | IC | ATE OF LIA | BIL | ITY IN | SURA | NCE | | (MM/DD/YYYY) /05/2014 | |
| C B | HIS CERTIFICATE IS ISSUED AS A MERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN | VEL | Y OF | R NEGATIVELY AMEND, DOES NOT CONSTITUT | EXTE | ND OR ALTI | ER THE CO | VERAGE AFFORDED B | E HOL | LDER. THIS E POLICIES | |
| IN th | PORTANT: If the certificate holder i e terms and conditions of the policy, | is ar cert | n ADI tain p | DITIONAL INSURED, the policies may require an er | policy(ndorse | ies) must be ment. A stat | e endorsed. ement on th | If SUBROGATION IS W | AIVED, onfer r | , subject to ights to the | |
| | rtificate holder in lieu of such endors | seme | ent(S) | Phone: 916-784-9793 | CONTA | СТ | | | | | |
| | | | | | | | | | | | |
| 107 Main Street Roseville, CA 95678 Amanda Kennedy | | | | Tax. 510-704-5755 | (A/C, NO, EXT): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| | | | | | INSURER A | | | | | 1010 # | |
| INSURED J B D Enterprises | | | | | INSURER B : Victoria Fire & Casualty | | | | | | |
| | Andrea Dodson | | | | INSURER C State Comp Ins Fund | | | | | 35076 | |
| 4560 Brush Bunny Lane Garden Valley, CA 95633 | | | | | INSURER D : Scottsdale Insurance Co | | | | | 41297 | |
| | | | | | INSURER E : | | | | | _ | |
| | | | | | INSURER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | REVISION NUMBER: | | | | | |
| | IS IS TO CERTIFY THAT THE POLICIES | | | | VE BEE | N ISSUED TO | | | HE POL | ICY PERIOD | |
| IN | DICATED. NOTWITHSTANDING ANY RE | QUI | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER | DOCUMENT WITH RESPE | ст то у | WHICH THIS | |
| | ERTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH F | | | | | | | | JALL | THE TERMS, | |
| INSR LTR | | ADDL | SUBR | R | | POLICY EFF (MM/DD/YYYY) | | LIMIT | s | | |
| LIK | GENERAL LIABILITY | INSK | WVD | FOLICT NOMBER | | | | EACH OCCURRENCE | \$ | 1,000,00 | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | CIP200583 | | 02/06/2014 | 02/06/2015 | DAMAGE TO RENTED | \$ | 100,00 | |
| | CLAIMS-MADE X OCCUR | | | | | 02/00/2014 | 02/00/2010 | PREMISES (Ea occurrence) | - | 5,00 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 1,000,00 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,00 | |
| | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,00 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ \$ | 2,000,00 | |
| | | | | | | | | COMBINED SINGLE LIMIT | - | 1,000,00 | |
| в | | | | 8854602 | | 02/06/2014 | 02/06/2015 | (Ea accident) BODILY INJURY (Per person) | \$ \$ | 1,000,00 | |
| D | ANY AUTO ALL OWNED V SCHEDULED | | | 0034002 | 02/0 | 02/00/2014 | | BODILY INJURY (Per accident) | \$ | | |
| | ALL OWNED AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE | \$ | | |
| | X HIRED AUTOS X AUTOS | | | | | | | (Per accident) | \$ | | |
| | | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB OCCUR CLAIMS-MADE | | | | | | | | » Տ | | |
| | | | | | | | | AGGREGATE | » Տ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X WC STATU- TORY LIMITS ER | ą | | |
| С | AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | 1950383-14 | 03/01/20 | 03/01/2014 | 03/01/2015 | | \$ | 1,000,00 | |
| U | | | | | | 00/01/2011 | | E.L. DISEASE - EA EMPLOYEE | | 1,000,00 | |
| | If yes, describe under | | | | | | | E.L. DISEASE - POLICY LIMIT | - | 1,000,00 | |
| D | DÉSCRIPTION OF OPERATIONS below Equipment Floater | | | CPS1911702 | | 01/24/2014 | 01/24/2015 | E.E. DISEASE - FOLICIT LIMIT | φ | ., | |
| 0 | | | | | | • = = • · · · | • = = • • • | | | | |
| | | | | | | | | | | | |
| DES | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | .ES (4 | Attach | ACORD 101, Additional Remarks S | Schedule. | if more space is | required) | 1 | | | |
| | s certificate of liability | | | | | | | | | | |
| | ve has been issued to the p | | | | son & | Bradley | Dodson, | | | | |
| DBA: J B D Enterprises, for the period indicated. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | CANC | ELLATION | | | | | |
| | | | | | CAN | | | | | | |
| | | | | | | | | ESCRIBED POLICIES BE CA | | | |
| J B D Enterprises James Dodson & Bradley Dodson | | | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | | | | | | | |
| 4560 Brush Bunny Lane | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | Garden Valley, CA 95633 | | | | 0 | John Eslinger | | | | | |
| | | | | | | | | | | | |
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