

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2019

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).												
PROD	UCER	CONTACT JAIME CASTANEDA										
FLYING E INVESTMENTS						PHONE (A/C, No, Ext): (760) 344-2205 (A/C, No): (760) 344-2964						
FRED EADY INSURANCE AGENCY						E-MAIL ADDRESS:						
P.O. BOX 1419						INSURER(S) AFFORDING COVERAGE NAIC #						
BRAWLEY CA 92227						INSURER A : STATE COMPENSATION INS. FUND						
INSURED						INSURER B:						
RAMON A GUERRERO, DBA: PASADENA DRYWALL INTERIOR, INC.												
517 N. MARENGO AVE # 2						INSURER C:						
317 N. WAKENOO AVE # 2					INSURER D:							
DACADENIA				CA 01101	INSURER E:							
PASADENA			CA 91101			INSURER F :						
COVERAGES CERTIFICATE NUMBER: CL1871900658 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 POLICY EFF POLICY EXP												
INSR LTR TYPE OF INSURANCE			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$		
								MED EXP (Any one pe	erson)	\$		
								PERSONAL & ADV IN		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:		.					GENERAL AGGREGATE \$			-	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$				
	OTHER:							T RODOCTO - COIVII 7		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$		\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per	Per person) \$			
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		Ψ \$		
	UMBRELLA LIAB OCCUR											
	- FYCESCHAR							EACH OCCURRENCE		\$		
	CLAIMS-MADE							AGGREGATE	-	\$		
	DED RETENTION \$ WORKERS COMPENSATION							I PER	I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ĔŔ	4.00	0.000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		Υ	1944855		07/01/2019	07/01/2020	E.L. EACH ACCIDENT	т	\$ 1,000,000		
	(Mandatory in NH) If yes, describe under							L.L. DIOLAGE - LA LIVIFLOTEL \$		0,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,00	5,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
CERTIFICATE HOLDER						CANCELLATION						
						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						
						Corne 1 to do						
l		gaine Castaneda										