Client#: 43089 UNIVE34									
ACORD. CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY)		
							1/03/2019		
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 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	sement(s)	•	CONTA NAME:	^{ст} Cyndi C	r117				
Allen Lawrence & Assoc. LLC	NAME: Official PHONE (A/C, No, Ext): 818 704-0700 FAX (A/C, No): 818 348-5472								
License 0K07568	E-MAIL ADDRESS: ccruz@allenlawrence.com								
7033 Owensmouth Avenue	INSURER(S) AFFORDING COVERAGE NAIC #								
Canoga Park, CA 91303-2006	INSURER A : Ohio Security Insurance Company					24082			
INSURED	INSURER B :								
Universal Hardwood Flooring &				INSURER C :					
Moulding, Inc.				INSURER D :					
10889 Venice Blvd. West Los Angeles, CA 90	INSURER E :								
West Los Aligeles, CA 90	034-7100)	INSURE	RF:				L	
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES	-	NUMBER:				REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	PERTAIN,	THE INSURANCE AFFORDED . LIMITS SHOWN MAY HAV	d by ti	HE POLICIES	DESCRIBED H BY PAID CLAI	HEREIN IS SUBJECT TO A	ALL THE		
A GENERAL LIABILITY	x	BKS1956431609				EACH OCCURRENCE	\$1,00	0,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500 ,		
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$15,0	00	
						PERSONAL & ADV INJURY	\$ 1,00	0,000	
						GENERAL AGGREGATE	\$2,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,00	0,000	
POLICY PRO- JECT X LOC							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS NON-OWNED AUTOS						(Per accident)	\$		
							\$		
						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER	\$		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Additional Insured/Landlord	LES (Attach	ACORD 101, Additional Remarks	Schedule	e, if more space i	s required)				
Loc# 2 - 4137 Sepulveda Blvd.,; Culv	ver City,	CA							

CERTIFICATE HOLDER	CANCELLATION				
Coldwell Banker Commercial WESTMAC 1515 South Sepulveda Boulevard	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Los Angeles, CA 90025	AUTHORIZED REPRESENTATIVE				
	allen M. Lawrence				

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