

CERTIFICATE OF LIABILITY INSURANCE

OATE (MM/DD/YYYY) 01/13/15

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). CONTACT PRODUCER PHONE (A/C, No. E E-MAIL ADDRESS: FAX (A/C, No): Omega Insurance (661) 326-6870 (661) 326-6871 400 H Street chasity@gupteomega.com Bakersfield, CA 93304 INSURER(S) AFFORDING COVERAGE Phone (661) 326-6870 Fax (661) 326-6871 Mesa Underwriters Specialty INSURER A INSURED Wesco insurance Co. INSURER B RJ & Sons Paving INSURER C INSURER D : 9507 Greenacres Drive INSURER E Bakersfield, CA 93312 661 INSURER F: COVERAGES CERTIFICATE NUMBER: 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 ADDL SUBR INSR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD <u>\$ 1,000,000.00</u> GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 COMMERCIAL GENERAL LIABILITY \$ 5,000.00 CLAIMS-MADE OCCUR MED EXP (Any one person MP0004008002530 05/16/2015 05/16/2014 PERSONAL & ADV INJURY \$ 1,000,000.00 \$ 2,000,000.00 GENERAL AGGREGATE 1,000,000.00 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE 5 DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYE! If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT: \$ 04-wb049578 08/10/2014 06/10/2015 \$ 12,500 В bond DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN infomational purposes only ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENT

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/15

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.

th	PORTANT: If the certificate holder is an AD e terms and conditions of the policy, certai etificate holder in lieu of such endorsemen	n policies							
	DUCER			CONTACT					
Ome	ega Insurance	PHONE (A/C, No, Ext): (661) 326-6870 FAX (A/C, No): (661) 326-					(661) 326-6871		
	H Street	E-MAIL ADDRESS: chasity@qupteomega.com							
Bak	ersfield, CA 93304	INSURER(S) AFFORDING COVERAGE NAIC #							
Pho	ne (661) 326-6870 Fax	INSURER A: Mesa Underwriters Specialty							
INSU	RED	INSURER B: Wesco Insurance Co.							
RJ 8	& Sons Paving	INSURER C :							
950	7 Greenacres Drive	INSURER D:							
	ersfield, CA 93312	INSURER E: INSURER F:							
	VERAGES CERT	REVISION NUMBER:							
IN	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUE ERTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PO	JIREMENT FAIN, THE OLICIES. L	F, TERM OR CONDITION OF INSURANCE AFFORDED B IMITS SHOWN MAY HAVE B	ANY CONTRAC Y THE POLICIES BEEN REDUCES	CT OR (S DESC) BY PA	OTHER DOCUM RIBED HEREIN ID CLAIMS.	MENT WITH RES	PECT TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	NSR WYD	POLICY NUMBER	POLIC (MM/DI	Y EFF DYYYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLA:MS-MADE OCCUR	-	MP0004008002530		05400045	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occurrent) MED EXP (Any one	TED currence) [§]	1,000,000.00 100,000.00 5,000.00	
Α				05/16/2014		05/16/2015	PERSONAL & ADV	YRULNIN	1,000,000.00
						GENERAL AGORE	GATE S	2,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM	1P/OP AGG	
_	AUTOMOBILE LIABILITY			:			COMBINED SING! (Ea accident)	E LIMIT)
	M ANY AUTO			ļ			BODILY INJURY (F	er person) . S	5
	. ALLOWNED - SCHEDULED						BODILY INJURY (F	Per accident)	S
	HIRED AUTOS AUTOS AUTOS						PROPERTY DAMA (Per accident)	GE :	
	UMBRELLA LIAB COCCUR			1	** *		EACH OCCURREN	NOF S	
	EXCESS LIAB CLAIMS-MADE		!	i			AGGREGATE		
							NOOKEOKIE		
	WORKERS COMPENSATION						WC STATU-	OTH-	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	İ					E.L. EACH ACCID		
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA		
	(Mandatory in NH)	!		!			E.L. DISEASE - PO		
	DÉSCRIPTION OF OPERATIONS below	·····		 ,			22 0.02.102		<u></u>
В	bond		04-wb049578	06/10	/2014	06/10/2015			\$ 12,5
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attac	ch ACORD 101, Additional Rema	rks Schedule, if π	ore span	e is required)	<u></u>		
CE	RTIFICATE HOLDER	CANCELLATION							
UST Services 16250 Meacham Road Bakersfield Ca 93312				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					