

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/18/2015

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).

ce	rtificate holder in lieu of such endors	ement(s).	CONTACT						
PROD	UCER			111 (1111-111	Lindsay	McHugh				
For	ler & Associates			PHONE (A/C, No. Ext): (925) 361-1320 FAX (A/C, No): (866) 849-9390						
Po	Box 3327			E-MAIL ADDRESS						
						URER(S) AFFOR	DING COVERAGE		NAIC#	
Sar	Ramon CA 94	583		INSURER A Markel First Comp						
INSU	RED			INSURER B:						
Po1	itek Electric Inc			INSURER C :						
	35 Peach Grove Street			INSURER D :						
				INSURER E :						
NI	Mollywood CA 91	601-4	1651	INSURER F:						
			TE NUMBER:CL1521800							
TH IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF INS	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY DED BY T	CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL SU	BR			POLICY EXP (MM/DD/YYYY)	LIMITS	S		
LTR	GENERAL LIABILITY	INSR W	VD FOLICT NUMBER		WIW/DD/TTTT)	(WINDOTTTT)	EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	***************************************	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$		
	CLAINS-WADE OCCUR						PERSONAL & ADV INJURY	\$		
							GENERAL AGGREGATE	\$		
	OFFILI ACCOPPOSE LIBERT ACCOUNTS							\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC	-					COMBINED SINGLE LIMIT			
							(Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO ALL OWNED SCHEDULED							\$		
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS AUTOS						(Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$						WC STATU- OTH-	\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A			2/11/2015	2/11/2016	TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under		MWC0075034-01	-			E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (At	tach ACORD 101, Additional Remark	ks Schedule	e, if more space	e is required)				
CF	RTIFICATE HOLDER		CANCELLATION							
0_	KIN IOATE NOEDEK			SHO	ULD ANY OF EXPIRATIO	THE ABOVE I	DESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.			
				AUTHOR	RIZED REPRES	ENTATIVE				
				Justin Fowler/JJF						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/12/2015

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).

C	ertificate holder in lieu of such endor	seme	ent(s)	•							
PRO	DUCER				CONTA NAME:	^{CT} Laurie	Graves				
Inszone Insurance Services, Inc.						PHONE (A/C, No, Ext): (877) 308-9663 FAX (A/C, No): (916) 636-0134					
Li	cense #0F82764				E-MAIL ADDRESS: 1graves@inszoneins.com						
2701 Citrus Rd Suite C											
Ra	ncho Cordova CA 95	742	2		INSURER A :Colony Insurance Company					NAIC#	
INSURED											
Politek Electric Inc						INSURER B:					
10835 PEACH GROVE STREET					INSURER C:						
					INSURER D:						
NO	RTH HOLLYWOOD CA 91	INSURER E:									
				NUMBER:CL1521239	INSURER F:						
	HIS IS TO CERTIFY THAT THE POLICIES					N ICCUED T		REVISION NUMBER:	UE DO	LIOV DEDICE	
C	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PER	₹EME ΓAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN DED BY	Y CONTRACT THE POLICI	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPE	CT TC	WHICH THIS	
INSR		ADDL	SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT			
LIK	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		_	1 000 000	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A	CLAIMS-MADE X OCCUR]	101GL0007125-00		2/12/2015	2/12/2016	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000	
									\$	1,000,000	
								PERSONAL & ADV INJURY	-		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY		-				-	COMBINED SINGLE LIMIT	D.		
	ANY AUTO							(Ea accident)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
		-	-						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION								\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						11	WC STATU- OTH- TORY LIMITS ER			
			N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under					A CONTRACTOR OF THE CONTRACTOR		E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	10 00 00 00 00 00 00 00 00 00 00 00 00 0								~~~		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES ((Attach	ACORD 101, Additional Remarks	s Schedu	le, if more space	is required)				
Ve	rification of Insurance									(B. 1)	
					-						
CE	RTIFICATE HOLDER				CAN	ELLATION					
Verification						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						
					Laurie Graves/LGV Caurie Faucu						