



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2016

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).

<b>PRODUCER</b> <b>Triton of Calif Insurance Services, Inc.</b> <b>2332 Auburn Blvd</b> <b>Sacramento, CA 95821</b> <b>License #: 0F41767</b>	<b>CONTACT NAME:</b> Amy Rudolph	<b>FAX (A/C, No):</b> (916)485-0198	
	<b>PHONE (A/C, No, Ext):</b> (916)485-1705	<b>E-MAIL ADDRESS:</b> amy@tritoninsurance.com	
<b>INSURED</b> <b>SD AIR QUALITY, INC.</b> <b>7925 Silverton Ave Ste 516</b> <b>San Diego, CA 92126</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> AmTrust International Underwriters Ltd.		
	<b>INSURER B :</b> National Union Fire Insurance Company		
	<b>INSURER C :</b> Hartford Fire Insurance Company		<b>34690</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES****CERTIFICATE NUMBER: 00000834-214712****REVISION NUMBER: 66**

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>XN103741704</b>	<b>03/05/2016</b>	<b>03/05/2017</b>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>100,000</b>
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>						<b>MED EXP (Any one person)</b> \$ <b>5,000</b>
	<input checked="" type="checkbox"/> <b>Primary Wording</b>						<b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>WOS</b>						<b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						<b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>						\$
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> <b>ANY AUTO</b>	<input type="checkbox"/> <b>SCHEDULED AUTOS</b>					<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b>	<input type="checkbox"/> <b>NON-OWNED AUTOS</b>					<b>BODILY INJURY (Per accident)</b> \$
<input type="checkbox"/> <b>HIRED AUTOS</b>			<b>PROPERTY DAMAGE (Per accident)</b> \$				
							\$
<b>B</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b>			<b>EBU062115564</b>	<b>03/05/2016</b>	<b>03/05/2017</b>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>						<b>AGGREGATE</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						<b>Products/Comp</b> \$ <b>1,000,000</b>
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>57WECDD3657</b>	<b>03/28/2016</b>	<b>03/28/2017</b>	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b>
	<input type="checkbox"/> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<input checked="" type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <b>A</b>					<b>E.L. EACH ACCIDENT</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$ <b>1,000,000</b>
							<b>E.L. DISEASE - POLICY LIMIT</b> \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*\*VERIFICATION OF INSURANCE\*\*

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*PROOF OF INSURANCE\*\*\*

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

(AAR)


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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BLANKET ADDITIONAL INSUREDS -  
OWNERS, LESSEES OR CONTRACTORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Policy Number: XN103741704	Endorsement Effective: 3/5/2016 12:01 a.m.
Named Insured: SD AIR QUALITY INC, DBA: SD AIR QUALITY INC	Counter Signed By: 

**SCHEDULE**

<b>Name of Person or Organization:</b> <b>Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy.</b>
Location:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only to the extent that the person or organization shown in the Schedule is held liable for your acts or omissions arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

**2. Exclusions**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than services, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed: or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. The words "you" and "your" refer to the Named Insured shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

D. The following are added to **SECTION V – DEFINITIONS**:

“Your work” means work or operations performed by you or on your behalf; and materials, parts or equipment furnished in connection with such work or operations.

E. The following additional provisions apply to any entity that is an insured by the terms of this endorsement:

1. Primary Wording

With respect to the Third Party shown above, this insurance is primary and non-contributing. Any and all other valid and collectable insurance available to such Third Party in respect of work performed by you under written contractual agreements with said Third Party for loss covered by this policy, shall in no instance be considered as primary, co-insurance, or contributing insurance. Rather, any such other insurance shall be considered excess over and above the insurance provided by this policy.

2. Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of “you work” done under a contract with that person or organization.