

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/28/2016

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).							
PRODUCER	Mainline Income a Compiesa Inc		91912	CONTACT NAME:	Janine Mendoza		
	Mainline Insurance Services, Inc. P.O. Box 120640 Chula Vista	CA		PHONE (A/C, No. Ext):	(888) 467-6612	FAX (A/C, No): (877) 46	7-6610
				È-MAIL ADDRESS:	Janine@mainline-ins.com	, ,	
					INSURER(S) AFFORDING COVERAGE		NAIC#
				INSURER A : St	ate Compensation Insurance Fund		
INSURED			93292-6719	INSURER B : Integon Preferred Insurance Co.			
	Dennis Duke Construction Inc. 251 South Arkle Visalia	CA		INSURER C: International Ins Co of Hannover Limited			
				INSURER D :			
				INSURER E :			
				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,

E>	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	NSR LTR TYPE OF INSURANCE		UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	GENERAL LIABILITY			HAN00438616	01/01/2016	01/01/2017	EACH OCCURRENCE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$	1,000,000
							GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	2,000,000
	X POLICY PROJECT LOC						\$	3
В	AUTOMOBILE LIABILITY			2003443916	12/01/2015	12/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$	3
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	i
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	3
							\$	3
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	3
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	3
	DED RETENTION \$						\$	3
Α	AND EMPLOYEDELLIADILITY			9040447-16	01/11/2016	01/11/2017	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE V						E.L. EACH ACCIDENT \$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Proof of Insurance.							
. 100	Tool of insurance.							

CERTIFICATE HOLDER	CANCELLATION AI 000270
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.
1	AUTHORIZED REPRESENTATIVE