



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/07/2020

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 have **ADDITIONAL INSURED** provisions or 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> Brown & Brown Insurance Brokers of Sacramento, Inc. 5750 West Oaks Blvd, Suite 140 Rocklin CA 95765		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (800) 228-3380 <b>FAX (A/C, No):</b> (800) 783-0083 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Excel Construction Services, Inc. 1950 Raymer Avenue Fullerton CA 92833-2513		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Landmark American Insurance Company <b>INSURER B:</b> Admiral Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL205610127                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	LHA141043	05/15/2020	05/15/2021	EACH OCCURRENCE	\$ 1,000,000						
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000							
	MED EXP (Any one person)						\$ 5,000							
	PERSONAL & ADV INJURY						\$ 1,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 2,000,000						
							PRODUCTS - COMP/OP AGG	\$ 2,000,000						
								\$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y		BEX0960149505	05/15/2020	05/15/2021	EACH OCCURRENCE	\$ 6,000,000						
	DED      RETENTION \$							AGGREGATE	\$ 6,000,000					
									\$					
									\$					
							COMBINED SINGLE LIMIT (Ea accident)	\$						
							BODILY INJURY (Per person)	\$						
							BODILY INJURY (Per accident)	\$						
							PROPERTY DAMAGE (Per accident)	\$						
								\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE	OTH-ER						
							E.L. EACH ACCIDENT	\$						
							E.L. DISEASE - EA EMPLOYEE	\$						
							E.L. DISEASE - POLICY LIMIT	\$						

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

## CERTIFICATE HOLDER

CA 90024
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## CANCELLATION

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 

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