



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/23/2016

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 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).

PRODUCER JSB INSURANCE SERVICES, INC. 6399 WILSHIRE BLVD STE PH 5 LOS ANGELES, CA 90048 License #: 0G80275	CONTACT NAME: James Bekhor	
	PHONE (A/C, No, Ext): (310)402-0021 FAX (A/C, No): (310)382-2196	
INSURED De Leon Plumbing Specialist DBA DL Plumbing 1254 W. 6th st. 506 Los Angeles, CA 90017	E-MAIL ADDRESS: James@jsbinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Preferred Contractors Insurance Company, RRG	
	INSURER B: Security National Insurance Company	40533
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER: 00000000-14395****REVISION NUMBER: 4**

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	Y		PCIC5043-PCACM566148	05/13/2016	05/13/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	SWC1115594	06/17/2016	06/17/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Subject to Deductible:**Property Damage \$1,000****Bodily Injury \$1,000****Per Claim****Workers Comp: Alex De Leon - Owner****CERTIFICATE HOLDER****CANCELLATION**

DE LEON PLUMBING SPECIALIST
DBA: DL Plumbing
1254 W 6th st #760
Los Angeles, CA 90017

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

(JSB)

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ADDITIONAL REMARKS SCHEDULE

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AGENCY JSB INSURANCE SERVICES, INC.		NAMED INSURED De Leon Plumbing Specialist DBA DL Plumbing
POLICY NUMBER N/A		
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

STANDARD ENDORSEMENTS

ENDORSEMENT NO. 05 – TERRORISM END 05 1-2
 ENDORSEMENT NO. 07 - POOL POP UP AND POOL OVERFLOW END 07 1
 ENDORSEMENT NO. 18 - SUBCONTRACTOR CONDITION END 18 1
 ENDORSEMENT NO. 27 - AFB PREMIUM PRO RATA CANCELLATION TABLE END 27 1
 ENDORSEMENT NO. 35 - PROJECT SHARED AGGREGATE END 35 1
 ENDORSEMENT NO. 36 - SHARED AGGREGATE END 36 1
 ENDORSEMENT NO. 41 - OIL BASED PAINT AND FLAMMABLE PRODUCTS LIMITATION END 41 1
 ENDORSEMENT NO. 51 - UNLICENSED CONTRACTORS END 51 1
 ENDORSEMENT NO. 89 - LOUISIANA OPERATIONS EXCLUDED END 89 1
 ENDORSEMENT NO. 92 - INSURING AGREEMENT AMENDMENT – USE OF EXTRINSIC EVIDENCE – RIGHT TO DEFEND END 92 1
 ENDORSEMENT NO. 93 - LIMITATION – DUTY TO DEFEND END 93 1
 ENDORSEMENT NO. 94 - MECHANIC'S LIEN – CONDITION PRECEDENT TO COVERAGE END 94 1
 ENDORSEMENT NO. 96 – SLIP AND FALL LIMITATION END 96 1