

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2019

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 IRIANA INSURANCE SERV 5902 VAN NUYS BLVD	ICES		CONTACT Dolores A PHONE (A/C, No. Ext): 818-909 E-MAIL ADDRESS: dolores		FAX, _{No):} 818- 9.COM	909-7340
VAN NUYS	CA	91401	INSURER A: Infinity	R(S) AFFORDING COVERAGE		NAIC# 31470
Jovi Electric 36751 Ashwood court			INSURER D:			
Palmdale Ca 93550			INSURER E : INSURER F :			
COVERAGES CE	RTIFICATE NUME	BER:		REVISION NUI	MBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY	requirement, ter	RM OR CONDITION	I OF ANY CONTRACT OR	CITHER DOCUMENT WIT	H RESPECT TO	WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						

	INSR ADDLISUBRI POLICY EFF POLICY EFF POLICY EXP							
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYY	Y) LIMITS
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
		X CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	X							MED EXP (Any one person) \$
	X				:			PERSONAL & ADV INJURY \$
	GEN	YL AGGREGATE LIMIT-APPLIES PER: -	-	1	-		-	GENERAL-ACGREGATE—— \$
	Х	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG \$
	х	OTHER:						\$
	AUT	OMOBILE LIABILITY			504610111587001	02/20/19	02/20/2	COMBINED SINGLE LIMIT \$1,000,000
		ANY AUTO					02,20,2	BODILY INJURY (Per person) \$
Α	;	ALL OWNED X SCHEDULED X AUTOS						BODILY INJURY (Per accident) \$
	X	HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident)
				ļ				\$
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$
	х	EXCESS LIAB X CLAIMS-MADE		1				AGGREGATE \$
	х	DED X RETENTION\$;			\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	(Mex	ICER/MEMBER EXCLUDED?	"'^					E.L. DISEASE - EA EMPLOYEE \$
	DES	CRIPTION OF OPERATIONS below	•					E.L. DISEASE - POLICY LIMIT \$
				1				

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

All policies for insurance must be endorsed to contain a provision notifying the owner at least thirty (30) days prior written notice of any cancellations of the policy or material change in coverage.

CANCELLATION

CERTIFICATE HOLDER	O/110#2#111#1
ADDITIONAL INSURED: Valencia, LLC (Livingston) & Valencia II, LLC and IDS Real Estate Group Owner's Agent	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
515 South Figueroa Street, 16th Floor Los Angeles, Los Angeles Ca 90071	AUTHORIZED REPRESENTATIVE

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