

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/09/2018

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).

	e terms and conditions of the policy ertificate holder in lieu of such endor			idorser	nent. A State	ement on thi	s certificate does not confer f	ignis to the	
PRODUCER					CONTACT NAME:				
L PUELL INSURANCE SERVICES P.O. BOX 50993 LOS ANGELES, CA 90050					PHONE: (323) 254-5511 FAX (A/C, No): (323) 254-8557 E-MAIL ADDRESS:				
						IIDED(S) AEEOD	DING COVERAGE	NAIC #	
					INSURER A: COLONY INSURANCE COMPANY			IVAIC#	
INSURED  ADVANCE GLAZING SOLUTIONS, INC. DBA: ADVANCE REMODELING SOLUTIONS 27811 AVENUE HOPKING, UNIT 8 VALENCIA, CA 91355					INSURER B:				
					INSURER C:				
					RD:				
					INSURER E :				
					INSURER F:				
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:				
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER D S DESCRIBED	OCUMENT WITH RESPECT TO	WHICH THIS	
INSR LTR			ADDL SUBR INSR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	LICY EFF POLICY EXP /DD/YYYY) (MM/DD/YYYY) LIMITS			
	GENERAL LIABILITY				,,		EACH OCCURRENCE \$ 1.0	00.000	
٠	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100	0,000	
	CLAIMS-MADE A OCCUR					07/40/0040	MED EXP (Any one person) \$ 5,0	000	
Α			101 GL 0103991-00		07/16/2018	07/16/2019	PERSONAL & ADV INJURY \$ 1,0	00,000	
							GENERAL AGGREGATE \$ 2,0	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							000,000	
	X POLICY PRO- JECT LOC						COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY						(Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED AUTOS AUTOS						(Per accident) \$		
	UMBRELLA LIAB OCCUR								
	EXCESS LIAB OCCUR  CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$		
	DED RETENTION\$	1					AGGREGATE \$		
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
С	ERTIFICATE HOLDER IS NAME	ED A	S ADDITIONAL INSURED	) PER	FORM U 1	56 ATTACH	HED TO THIS POLICY		
CERTIFICATE HOLDER					CANCELLATION				
PROTECH CONSTRUCTION 2790 E. REGAL PARK DRIVE ANAHEIM, CA 92806					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				
					Luis Puell				