

AORSIN

CERTIFICATE OF LIABILITY INSURANCE

ADVAHEA-01

DATE (MM/DD/YYYY) 12/23/2022

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.

lf tl	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t	ct to the	the certi	terms and conditions of ificate holder in lieu of su	the pouch	licy, certain lorsement(s)	policies may	require an endorsemer	nt. As	tatement on	
						CONTACT NAME: PHONE (959) 294 4506 FAX (900) 200 0209					
						PHONE (A/C, No, Ext): (858) 384-1506 FAX (A/C, No): (800) 209-9298 E-MAIL ADARESs: service@foagency.com					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Infinity Select Insurance					
INSURED Advantage Heating and Sheetmetal Inc						INSURER B:					
						R C :					
837 Industrial Dr Ste 10					INSURER D:						
	Hollister, CA 95023				INSURER E:						
					INSURER F:						
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQUI	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
INSR			LICIES. LIMITS SHOWN MAY HAVE BEEN D SUBR D WVD POLICY NUMBER			POLICY EFF POLICY EXP LIMITS (MM/DD/YYYY) (MM/DD/YYYY)					
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO	X		504610064538001		10/26/2022	10/26/2023	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	DED RETENTION \$	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY VAN							PER OTH- STATUTE 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 City	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Ventures Construction, Inc., is addition	ELES (A	ACORE SURE	1101, Additional Remarks Schedu I per endorsement on auto	ule, may b Diabilit	e attached if moi y. Primary wo	re space is requir ording applies	ed) 5.			
CE	RTIFICATE HOLDER				CANO	CELLATION					
City Ventures Construction, Inc. 3121 Michelson Dr., Ste 150 Irvine, CA 92612-5679						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					
						amle Oni					