

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/20 3:16PM

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)

ce	e terms and conditions of the policy ertificate holder in lieu of such endor											
PRODUCER Caslamo Insurance Services III C						CONTACT Customer Service Department PHONE (800) 920-4125 FAX (800) 920-4107						
Gaslamp Insurance Services, LLC						PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107 E-MAIL ADDRESS: Certificates@premieragencyservices.com						
	ce Carlile				ADDRE	_{SS:} certifi	.cates@pr	emieragency	servic	es.co	<i>i</i> m	
2244 Faraday Avenue #125 Carlsbad, CA 92008					INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Contractors Insurance Company, RRG					G	NAIC# 12497	
INSURED						INSURER B:						
All Available Roofing LLC					INSURER C:							
5					INSURER D :							
4304 Rock Springs Drive,					INSURER E :							
Plano, TX 75024					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
TH IN CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	OF IN EQUIRI PERTA POLIC	NSUR EMEN AIN, T CIES.	ANCE LISTED BELOW HAVIT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	D NAMED ABOV DOCUMENT WITH D HEREIN IS SU	E FOR THE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL :	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
X COMMERCIAL GENERAL LIABILITY				PCCM372740		10/21/2020	10/21/2021	EACH OCCURRENCE		\$1,00	00,000	
Α	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$50,000		
						ı		MED EXP (Any one person)		\$5,000		
								PERSONAL & ADV	INJURY	\$1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$1,00	00,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
ANY AUTO								BODILY INJURY (Pe	er person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	ЭE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below	escribe under						E.L. DISEASE - POLICY LIMIT \$				
	RIPTION OF OPERATIONS / LOCATIONS / VEHICE CONTROL OF COVERAGE	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)				
St	bject to all policy terms,	, ex	clus	sions and condition	ns							
CE	RTIFICATE HOLDER	CANCELLATION										
JLI	IIII IOATE HOLDER				CANC	<u> </u>						
Verification of Coverage						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										
		The state of the s										