

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2022

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

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					CONTACT					
Gaslamp Insurance Services					NAME:   PHONE   First   (800) 920-4125   FAX   (800) 920-4107					
2244 Faraday Avenue, #125					(A/C, No, Ext): (A/C, No): (COO) GEO THE (A/C, No):					
2244 Falladay / Wolfido, #120					ADDRESS:					
Carlsbad CA 92008					INSURER(S) AFFORDING COVERAGE  INSURER A. Preferred Contractors Ins Co.				NAIC # 12497	
INSURED					INSURER A :					
Custom Carpentry Solutions, LLC					INSURER B:					
24 Lawrence St					INSURER C:					
24 Lawrence St					INSURER D:					
Watertown MA 02472					INSURER E : INSURER F :					
COVERAGES CEF	TIFICA	TE N	NUMBER: GL 22-23 Mast	ter			REVISION NUMBER:			
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   POLICY EFF   POLICY EXP										
LTR TYPE OF INSURANCE	INSD V		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ ·	0,000	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	φ ·		
A   -			PCA5002-PC440653		09/25/2022	09/25/2023	MED EXP (Any one person)	1 00	0,000	
			7 6710002 7 6 7 70000		00/20/2022	00/20/2020	PERSONAL & ADV INJURY	φ .	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	4 00	0,000	
POLICY JECT LOC								\$ 1,00	,	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &			
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						•		\$		
DED RETENTION \$						•		\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	·		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						· · · · · · · · · · · · · · · · · · ·	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 10	)1, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)				
Verification of Coverage										
*Subject to all policy terms, exclusions and conditions*										
,										
CERTIFICATE HOLDER					CANCELLATION					
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					
						12	0 0 0			