

Policy Number: BA040000085026
Effective Date: 11/10/2023



Amended Declarations: Change Driver Information
This policy change has resulted in an additional premium of \$0.00
This declarations supersedes any previous declarations bearing the same number for this policy period

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: California Automobile Insurance Company P.O. BOX 10730 SANTA ANA, CA 92711-0730 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: Auto Ins Specialists-CA PO BOX 10160 SANTA ANA, CA 927110160 Agent Number: 044034 Agent Phone: (800) 493-7879
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ITEM ONE GENERAL INFORMATION

Named Insured: DYNAMIC RESTAURANT EQUIPMENT INSTALLATIONS LLC

Mailing Address: 24887 BRODIAEA AVE,
MORENO VALLEY, CA 92553-5849

Policy Period: From 11/02/2023 to 11/02/2024 at 12:01 AM Standard Time at your mailing address

Business Type: Contractor - Sheet Metal

Business Category: Construction

Form of Business: Limited Liability Company

Total Policy Premium: \$4,412.76

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
IL 00 17 11 98 - Common Policy Conditions	MCA 21 54 04 19 - California Uninsured Motorists - Bodily
IL 00 21 09 08 - Nuclear Energy Liability Exclusion	CA 21 55 10 13 - California Uninsured Motorists Coverage -
IL 00 03 09 08 - Calculation of Premium	CA 03 05 10 13 - California Changes - Waiver of Collision
CA 00 01 10 13 - Business Auto Coverage Form	CA 99 23 10 13 - Rental Reimbursement Coverage
CA 01 21 10 13 - Limited Mexico Coverage	MCA86100617 - Roadside Assistance Coverage
CA 01 43 05 17 - California Changes	MCA AM END 04 19 - Amendatory Endorsement
MIL 02 70 04 19 - California Changes - Cancellation and	MCH VEHSHARE 0619 - Vehicle Sharing Exclusion
CA 23 94 10 13 - Silica or Silica Related Dust Exclusion	
IL N 119 10 15 - California Auto Body Repair Consumer Bill of	
MCA85100817-CA - Mercury Broadening Endorsement	
MCA 23 45 06 19 - Public or Livery Passenger Conveyance	
MCANONFAC0516 - Permanently Attached Non-Factory	

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ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Coverage Symbol	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	1	\$1,000,000 CSL	\$2,753
Medical Payments			
Uninsured Motorists Bodily Injury	7	\$300,000 CSL	\$168
Uninsured Motorists Property Damage			
Comprehensive	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See ITEM FOUR For Hired Or Borrowed Autos.	\$321
Specified Causes of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See ITEM FOUR For Hired Or Borrowed Autos.	
Collision	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto. See ITEM FOUR For Hired Or Borrowed Autos.	\$556
Premium For ITEM FOUR (Hired Auto Coverage)			\$185.00
Premium For ITEM FIVE (Non-Ownership Liability)			\$178.00
Premium For Endorsements			\$250.00
Miscellaneous Fees and Expense			
California Consumer Services and Fraud Program Fees			\$1.76
Total Policy Premium			\$4,412.76

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2019 RAM 1500 CLASSIC SLT	Pickup	1C6RR6TT5KS653962	Moreno Valley	CA	92553

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Personal & Business	Service		\$2,500	

* Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES
 (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto No.	Liability Premium	Auto Medical Payments Premium	UM Bodily Injury Premium	UM Property Damage Premium	Comprehensive	
					Deductible	Premium
1	\$2,753		\$168		\$500	\$321

Covered Auto No.	Specified Causes Of Loss		Collision		CDW Premium	Roadside Assistance	
	Deductible	Premium	Deductible	Premium		Limit Per Occurrence	Premium
1			\$500	\$556	\$8	\$100 per	\$20

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Audio, Visual, & Data Equipment		Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		Limit	Premium	
1	\$50 per day/30 days	\$47				\$3,873.00

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TOTAL PREMIUMS	
Liability	\$2,753
Medical Payments	
Uninsured Motorists Bodily Injury	\$168
Uninsured Motorists Property Damage	
Collision Deductible Waiver	\$8
Comprehensive	\$321
Specified Causes of Loss	
Collision	\$556
Roadside Assistance	\$20
Rental Reimbursement	\$47
Loan/Lease Gap	
Audio, Visual and Data Electronic Equipment	

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
If Any	\$185	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		\$185

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium
0-10	\$178

ADDITIONAL INFORMATION

Discounts
<ul style="list-style-type: none"> Auto Pay - EFT Discount Multi-Line

Driver Information	
Listed Drivers	Excluded Drivers
DAVID IBARRA ORTIZ	
VANESSA IBARRA	

Other Endorsements	Premium
Broadening Endorsement	\$175