ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 2/28/14

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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) CONTACT **PRODUCER Ann McCants** NAME Heffernan Insurance Brokers PHONE FAX 925-934-8500 925-934-8278 1350 Carlback Avenue (A/C,No): (A/C,No,Ext) Walnut Creek, CA 94596 EMAIL **ADDRESS** CA License #0564249 **INSURERS AFFORDING COVERAGE** NAIC# INSURED Tokio Marine Specialty Insurance Co. INSURER A: 23850 RFJ Residential, Inc. INSURER B: Golden Eagle Insurance Co. 10836 INSURER C: Zurich American Insurance Company 16535 RFJ, Inc. Dba: RFJ Meiswinkel Company INSURER D. INSURER E: 930 Innes Avenue INSURER F San Francisco, CA 94124 **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT 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 TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) INSR WVD GENERAL L LIABILITY EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED X COMMERCIAL GENERAL LIABILITY PPK1104943 12/01/2013 12/01/2014 PREMISES (Fa \$ 50,000 MED EXP (Any one X OCCUR EXCLUDED CLAIMS-MADE person)
PERSONAL & ADV X \$ 10,000 Ded. Per Occ. \$ 1.000.000 INJURY GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OF GEN'L. AGGREGATE LIMIT APPLIES PER \$ 2,000,000 AGG POLICY X PROJECT COMBINED SINGLE В AUTOMOBILE LIABILITY BA893176 12/01/2013 12/01/2014 LIMIT \$ 1,000,000 (Ea accident) **BODILY INJURY (Per** X ANY AUTO \$ SCHEDULED **BODILY INJURY (Per** ALL OWNED AUTOS \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS \$ (Per accident) Coll. Ded. X Comp. Ded. \$1,000 X \$1,000 A UMBRELLA LIAB X OCCUR PUB441956 12/01/2013 12/01/2014 FACH OCCURRENCE \$ 5,000,000 X **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ 5,000,000 DED RETENTION WC STATU WORKERS COMPENSATION OTHER TORY LIMITS AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE/ C WC483977302 03/01/2014 03/01/2015 OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA \$ 1,000,000 datory in N.H.) **EMPLOYEE** If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY \$ 1,000,000 LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: For Evidence of Insurance Purposes Only. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS *For Evidence Only AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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