



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/09/2015

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).

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|---|---|-------------------------------------|
| PRODUCER Professional Contractors Insurance Agency P. O. Box 6625 Santa Maria, CA 93456 | CONTACT NAME: David Wardlaw PHONE (A/C. No. Ext): 805-925-6949 E-MAIL ADDRESS: Procontractrsia@hotmail.com | FAX (A/C. No.): 805-347-2727 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Superior Fire Inc. 4464 Mc Grath St #106 Ventura, CA 93003 | INSURER A: Everest Indemnity Insurance Co | NAIC # 10851 |
| | INSURER B: Liberty Mutual Insurance | NAIC # 19544 |
| | INSURER C: Midwest Employers Casualty Co | NAIC # 23612 |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:****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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|--|-----------|----------|----------------|-------------------------|-------------------------|--|---|
| A | GENERAL LIABILITY | X | X | 51GL007848-151 | 09/14/15 | 09/14/16 | EACH OCCURRENCE \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 | |
| | <input checked="" type="checkbox"/> Errors & Omissions Coverage | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| B | AUTOMOBILE LIABILITY | X | X | BAA1556344911 | 10/27/15 | 10/27/16 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ | |
| A | UMBRELLA LIAB | X | X | 51CC002941-151 | 09/14/15 | 09/14/16 | EACH OCCURRENCE \$ 2,000,000 | |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | <input type="checkbox"/> CLAIMS-MADE | AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> DED | | | | | | RETENTION \$ | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | X | BNUWC0133568 | 10/18/15 | 10/18/16 | WC STATUTORY LIMITS | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | Y/N <input checked="" type="checkbox"/> Y | OTHER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**** 30 Day Notice of cancellation except for a 10 day notice of cancellation for non-payment of premium******CERTIFICATE HOLDER****CANCELLATION**

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|-----------------------|--|
| Evidence of Insurance | 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 |

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