QUALENV-05

DADACAYA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/2/2016

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).

PRODUCER License # 0E67768	CONTACT NICOle Corum				
IOA Insurance Services 130 Vantis	PHONE (A/C, No, Ext): (949) 297-5962 FAX (A/C, No): (949)	297-5960			
Suite 250	E-MAIL ADDRESS: Nicole.Corum@ioausa.com				
Aliso Viejo, CA 92656	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Nautilus Insurance Company	17370			
INSURED	INSURER B: West American Insurance Company	44393			
Quality Environmental, Inc.	INSURER C: Great Divide Insurance Company	25224			
13123 Lakeland Road, Suite A	INSURER D : Ohio Security Insurance Company				
Santa Fe Springs, CA 90670	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 INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,,	,	EACH OCCURRENCE	\$	3,000,000
		CLAIMS-MADE X OCCUR			ECPO155028814	06/01/2016	06/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	3,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:						Pollution	\$	3,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO			BAW57317174	06/01/2016	06/01/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
Α	X	EXCESS LIAB CLAIMS-MADE			FFX201187112	06/01/2016	06/01/2017	AGGREGATE	\$	4,000,000
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY		WCA155028914			X PER OTH- STATUTE ER			
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		WCA155028914	06/01/2016	06/01/2017	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	fessional Liab.			ECPO155028814	06/01/2016	06/01/2017	Claims Made;		3,000,000
D	Lea	sed/Rented Equip			BKS57317174	06/01/2016	06/01/2017			25,000

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

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.
	AUTHORIZED REPRESENTATIVE Lizaketh Lizek, CIC
Proof of Coverage	7