

CERTIFICATE OF LIABILITY INSURANCE

03/08/2018

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.

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PRODUCER						CONTACT John Mobley						
Citizens General Insurance						PHONE (530) 477-0111 FAX (A/C, No, Ext): (530) 477-0111						
1160	Blocker Dr.				E-MAIL ADDRESS: johnm@citizensgeneral.com							
Suite	110				,,,,,,,,	NAIC#						
Auburn CA 95603						INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company						
INSUR		******			INSURER A: United Specialty Insurance Company 1253 INSURER B:							
	A List Builders Inc.				INSURE							
	13935 Chandler Blvd.			•	INSURE	2 - 11 - 3						
	er 21				INSURE							
	Van Nuys			CA 91401	INSURE							
COV	ERAGES CERT	RTIFICATE 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 IN			POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS	S			
2	COMMERCIAL GENERAL LIABILITY	MMERCIAL GENERAL LIABILITY							s 1,000,000			
	CLAIMS-MADE X OCCUR		N					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50,000			
	E7								\$ 5,000			
A		N		SII0503B225395		03/23/2018	03/23/2019	PERSONAL & ADV INJURY	s 1,000,000			
	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,000,000			
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 1,00	0,000		
	OTHER:								s			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s			
	ANY AUTO							BODILY INJURY (Per person)	s			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									s			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION S								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	S			
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CER	TIFICATE HOLDER				CANCELLATION							
	PROOF 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							
					John Mobley							



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Citizens General Insurance		PHONE (530) 477-0111 FAX								
11601 Blocker Dr.	(A/C, No, Ext): (OOO) 47770111 E-MAIL ADDRESS: johnm@citizensgeneral.com									
Suite 110				INSURER(S) AFFORDING COVERAGE NAIC #						
Auburn			CA 95603						12537	
INSURED				INSURER B:						
A List Builders Inc.				INSURER C:						
13935 Chandler Blvd.				INSURER D :						
				INSURER E :						
Van Nuys				INSURER F:						
			NUMBER:				REVISION NUMBER:			
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INSR TYPE OF INSURANCE		DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY										
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	50,0	00	
_							MED EXP (Any one person)	5,00)	
A	N	N	SII0503B225395		03/23/2018	03/23/2019	PERSONAL & ADV INJURY	1,000	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2,000	0,000	
JECT LOC							PRODUCTS - COMP/OP AGG	1,000	0,000	
AUTOMOBILE LIABILITY		1					COMPINED CINICIE LINE	5		
ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	5		
OWNED SCHEDULED							BODILY INJURY (Per person)	5		
HIRED AUTOS NON-OWNED							BODILY INJURY (Per accident) 5 PROPERTY DAMAGE	\$ 		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUP	-	-						<u> </u>		
EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE S	\$		
DED RETENTION \$							AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH-	S		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	G1 2723						STATUTE ER			
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	•		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
							E.E. BIOBAGE - POLICY LIMIT	•		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER CANCELLATION										
				2000						
PROOF 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									
	John Mobley									
					- A	200 2045 40	OPD COPPORATION			



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INSR LTR TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
CLAIMS-MADE X OCCUR	54						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$ 1,000,000 \$ 50,000			
								5 000			
A	N	N	SII0503B225395		03/23/2018	03/23/2019		s 1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					57	00/20/2010	- 1	s 2,000,000			
Y POLICY PRO-								s 1,000,000			
OTHER:							PRODUCTS - COMP/OP AGG \$	1,000	7,000		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &				
ANY AUTO	1				si .		(Ea accident)				
OWNED SCHEDULED							BODILY INJURY (Per person) \$				
HIRED AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY				8	9	,	(Per accident) \$				
UMBRELLA LIAB OCCUP							\$				
EXCECCION HOCCOR							EACH OCCURRENCE \$	LL_			
CLAINIS-INIADE							AGGREGATE \$	0)			
DED RETENTION \$ WORKERS COMPENSATION							S S	Ü			
AND EMPLOYERS' LIABILITY Y/N		W. W					PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under		0					E.L. DISEASE - EA EMPLOYEE \$	8			
DÉSCRIPTION OF OPERATIONS below				-			E.L. DISEASE - POLICY LIMIT \$	8			
	1							-30			
				1							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
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