

Policy Number: U19AC104184-01

Date Entered: 03/05/2019

DATE (MM/DD/YYYY) 12/19/2019

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.

CERTIFICATE OF LIABILITY INSURANCE

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the	terms and conditions of the	ne policy, certain p ch endorsement(s)	oolicies may	require an endorsement. A	statement on
-	DUCER			CONTACT Michael Giordano PHONE (A/C, No, Ext): (619) 795-6530 FAX (A/C, No, Ext): (619) 795-6950			
	Pacific Trade Insura	nce A	gency				
5067 Muir Avenue San Diego, CA 92107				E-MAIL ADDRESS: mike@pacifictradeinsurance.com			
				INSURER A : U.S. S	pecialty I	Transpare Company	
INSURED C L D Electric				INSURER B: Security National Insurance Company			19879
Jerry J Herron, Jr.				INSURER C:		Santa and Colors (1997) to the control of the colors of	
10570 Kerrigan Court				INSURER D:			
Santee, CA 92071				INSURER E :			
			INSURER F:			<u> </u>	
			TE NUMBER:		A STATE OF THE PARTY OF THE PAR	REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION O N, THE INSURANCE AFFORDE ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT (D BY THE POLICIES BEEN REDUCED BY	OR OTHER DO DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT TO \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU	N/D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		U19AC104184-01	04/13/2019	04/13/2020	El tott ood of titlettoe	100,000.00
	X BI/PD Ded \$1,000.00		0-0-110-1			MED EXP (Any one person) \$	5,000.00
							000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						000,000.00
	POLICY PRO- LOC					OLITEI VIETIOOI ILOI II	000,000.00
	The salaries and the sa					\$	•
******	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT &	
	ANY AUTO		72			(Ea accident)	
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE \$	
	AUTOS ONLY AUTOS ONLY					(Per accident) \$	
		-					
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE	1				AGGREGATE \$	
	DED RETENTION \$					\$ PER OTH-	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		SWC1264003	12/21/2019	12/21/2020		000,000.00
	(Mandatory in NH)	N/A					000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$1,	000,000.00
	cription of operations / Locations / Vehici cense#877075 Cancel					d) for all other reason:	5.
00	DTIFICATE LIQUEDED			CANCELLATION			
<u>UE</u>	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 Michael Glordano			

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