

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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		CONTACT NAME: Chris Hayes						
Emerald Insurance Strategies LLC DBA Conxis Insurance Services		PHONE (A/C, No, Ext): (714) 563-4333 FAX (A/C, No):						
5900 South Lake Forest		E-MAIL ADDRESS: chris.hayes@conxisinsurance.com						
Suite 300-A		INSURER(S) AFFORDING COVERAGE	NAIC #					
McKinney	TX 75070	INSURER A: GEMINI INS CO	10833					
INSURED		INSURER B: NATIONAL SPECIALTY INS CO	22608					
LYB Home Inc . DBA CertaPro Painters of Orange County, Certapro	Painters of Long Beach,	INSURER C: JAMES RIVER INS CO	12203					
CertaPro Painters Irvine, CertaPro Painters Mission Viejo, CertaPro Painters Huntington Beach		INSURER D: ACE AMER INS CO	22667					
571 N POPLAR ST Unit F		INSURER E: WESTCHESTER	10172					
ORANGE	CA 928681023	INSURER F:						
COVERAGES CERTIFICATE N	JMBER:	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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	COMMERCIAL GENERAL LIABILITY	Y	Y	VCGP032390	08/06/2024	08/06/2025		\$ 2,000,000			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	OTHER:							\$			
В	AUTOMOBILE LIABILITY	Y	Y	GMI-0633-00	09/10/2023	09/10/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
							,	\$			
С	UMBRELLA LIAB CCCUR	Y		00133968-4	08/06/2024	08/06/2025	EACH OCCURRENCE	\$ 3,000,000			
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000			
	DED RETENTION\$						EBLIA	\$ 000,000 / 1,000,000			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	C51291700	01/01/2024	01/01/2025	X PER STATUTE OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$ 2,000,000			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000			
Е							Occurence	2,000,000			
	Pollution			G48711546 001	08/06/2024	08/06/2025	Aggregate	2,000,000			
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE