

PRODUCER

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INSURED
 Afik Shibam DBA A 2 Z Restoration

815 Arnold Drive Ste. 2, Martinez, CA 94553

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

| | |
|----------------------|--|
| COMPANY A | GuideOne National Insurance Company |
| COMPANY A2 | |
| COMPANY C | |
| COMPANY D | |

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|-----------------|--|------------------------|----------------------------------|-----------------------------------|---|--------------------------------|
| A&A2 | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> General Liability Business _____ <input type="checkbox"/> _____ | Env562004594-02 | 3/16/2023 | 3/16/24 | GENERAL AGGREGATE | \$ 2,000,000 |
| | PRODUCTS - COMP/OP AGG | | | | \$2,000,000 | |
| | PERSONAL & ADV INJURY | | | | \$1,000,000 | |
| | EACH OCCURRENCE | | | | \$ 1,000,000 | |
| | FIRE DAMAGE (Any one fire) | | | | \$ 50,000 | |
| | MED EXP (Any one person) | | | | \$ 5,000 | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | COMBINED SINGLE LIMIT | |
| | BODILY INJURY (Per Person) | | | | | |
| | BODILY INJURY (Per Accident) | | | | | |
| | PROPERTY DAMAGE | | | | \$ | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | OTHER THAN AUTO ONLY: | | | | | |
| | EACH ACCIDENT | | | | \$ | |
| | AGGREGATE | | | | \$ | |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE | \$ |
| | AGGREGATE | | | | | |
| | | | | | | |
| | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | <input type="checkbox"/> OTHER |
| | EL EACH ACCIDENT | | | | | |
| | EL DISEASE - POLICY LIMIT | | | | | |
| | EL DISEASE - EA EMPLOYEE | | | | | |
| D | OTHER | | | | BUSINESS PERSONAL PROPERTY | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: **Additional Insured:**

NOTE: 10 DAYS NOTICE OF CANCELLATION WILL BE GIVEN FOR NONPAYMENT OF PREMIUM.

CERTIFICATE HOLDER

2.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Curt Bulloch

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

It is agreed that this insurance will not be canceled, not renewed, or the limits of coverage in any way reduced without at least thirty (30) day's advance written notice ten (10) days for non-payment of premium sent by certified mail, return receipt requested to:

2.

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(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (SECTION II) is amended to include as an insured the person or organization shown in the Schedule as an insured, but only with respect to liability arising out of your operations or premises owned by or rented to you.

To the extent required under contract, this policy will apply as primary insurance to additional insureds scheduled above, and other insurance which may be available to such additional insureds will be non-contributory.