

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/18/2021

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).

PRODUCER			CONTACT NAME:							
Lukmar Insurance Services				PHONE (A/C, No, Ext): 818-951-4393 (A/C, No): 818-951-951-951-951-951-951-951-951-951-951					1-9551	
8041 Foothill Blvd Ste A				(A/C, No, Ext): 818-951-4393 (A/C, No): 818-951-9551 E-MAIL ADDRESS: joann@lukmar.com						
Sunland, CA 91040				INSURER(S) AFFORDING COVERAGE NAIC #						
				INSURER A. Insurance Company of the West 2784						
INSURED				INSURER B:						
HAS Electric Incorporated				INSURER C:						
(dba) The Electric Connection				INSURER D:						
9937 Commerce Avenue				INSURER E :						
Tujunga CA 91042				INSURER F						
COVERAGES CER	TIFICATE	NUMBER:				REVISION NUMB	BER:			
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.  INST. POLICY EFF. POLICY EXP.										
LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DI	D/YYYY)	(MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED		\$		
CLAIMS-MADE OCCUR						PREMISES (Ea occurre	51100)	\$		
						MED EXP (Any one per		\$		
						PERSONAL & ADV INJ		\$		
GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGAT		\$		
POLICY JECT LOC						PRODUCTS - COMPIO		\$ \$		
OTHER. AUTOMOBILE LIABILITY						COMBINED SINGLE L	MAT	\$		
ANY AUTO						(E a accident) BODILY INJURY (Per p	person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per a	accident)	\$		
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY CAMAGE (Per accident)		S		
AUTOS ONET						( or accessing		S		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE.		S		
EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
DED RETENTION \$								3		
WORKERS COMPENSATION A ND EMPLOYERS' LIABILITY		WVE 5056311 01	7/1/	2021	7/1/2022	X PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	****		777120121	77 1. 2. 022	E.L. EACH ACCIDENT		3	1,000,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EM	PLOYEE	3	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	Y LIMIT	3	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER				CANCELLATION						
EVIDENCE OF COVERAGE				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 I	AUTHORIZED REPRESENTATIVE						