



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2020

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 Suzuki Insurance Agency 10062 Commerce Ave Tujunga, CA 91042 | CONTACT NAME: JoAnne Suzuki | FAX (A/C, No): (818) 352-1135 | |
| | PHONE (A/C, No, Ext): (818) 352-1234 | E-MAIL ADDRESS: | |
| INSURED H A S Electric Inc. DBA The Electric Connection, Inc 9937 Commerce ave Tujunga, CA 91042 CA 91042 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Mid Century Insurance Co | | 21687 |
| | INSURER B : (a Member of Farmers Insurance Group of Co) | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |

COVERAGES CERTIFICATE 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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|---------------------------------|--------------|
| | | | | | | | | | |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | 60673 97 89 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | | | | | | | | \$ | |
| A | AUTOMOBILE LIABILITY | | | 60673 97 89 | 4/1/2020 | 4/1/2021 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | \$ | |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | | | | | | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | 60673 98 12 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE | \$ 4,000,000 | |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | AGGREGATE | \$ 4,000,000 |
| | DED: RETENTION \$ 10,000 | | | | | | | \$ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | N/A | A09599971 | 7/1/2019 | 7/1/2020 | <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | Y/N | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input checked="" type="checkbox"/> Y | | |
| | | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Electrical contractor**CERTIFICATE HOLDER****CANCELLATION****Verification Only**

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

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