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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | | ••• | | | | | | 06 | /27/2023 | | |
|---|--|--------------|------|--|--|----------------------------|----------------------------|--|-----------------|-----------|--|--|
| 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). | | | | | | | | | | | | |
| PRO | DUCER | | | | CONTACT NAME: Jo Ann Gage | | | | | | | |
| Luk | mar Insurance Services | | | | PHONE (A/C, No, Ext): 818-951-4393 FAX (A/C, No): 818-951-9551 | | | | | | | |
| 154 | 55 San Fernando Mission Blvd Suite 20 | 38 | | | E-MAIL ADDRE | ss ioann@l | ukmar.com | [(.uo,.uo). | | | | |
| - | sion Hills, CA 91345 | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | | |
| IVIIO | Sion Thins, OA 31343 | | | | | RA: Insuran | | | NAIC # 27847 | | | |
| INSURED | | | | | | | 2/04/ | | | | | |
| 11130 | | | | | INSURER B : | | | | | | | |
| | HAS Electric Incorporated | | | | INSURE | RC: | | | | | | |
| | (dba) The Electric Connectio | n | | | INSURE | RD: | | | | | | |
| | 10209 Tujunga Canyon Bl. 🗍 | <i>‡</i> 262 | | | INSURE | RE: | | | | | | |
| | Tujunga | | | CA 91042 | INSURE | | | | | | | |
| CO | /ERAGES CER | TIFIC | ATE | NUMBER: | | | | REVISION NUMBER: | | | | |
| IN Ce | 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 | | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | rs | | | |
| LIK | COMMERCIAL GENERAL LIABILITY | | WVD | T OLIOT NOMBER | | | | EACH OCCURRENCE | \$ | | | |
| | | | | | | | | DAMAGE TO RENTED | | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | |
| | OTHER: | | | | | | | | \$ | | | |
| | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | | \$ | | | |
| | | | | | | | | EACH OCCURRENCE | \$ | | | |
| | | | | | | | | | | | | |
| | CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| ۸ | DED RETENTION \$ | ++ | | W/V/E E0E6211 02 | | 7/1/2023 | 7/1/2024 | V PER OTH- | \$ | | | |
| A | AND EMPLOYERS' LIABILITY Y/N | | | WVE 5056311 03 | | 7/1/2023 | 7/1/2024 | X PER OTH- STATUTE ER | | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | |
| | | | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICI | LES (AC | ,OKD | ivi, Additional Remarks Schedu | ie, may b | e attached if more | e space is require | suj | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 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 REPRESENTATIVE | | | | | | | |
| | | | | | Charman | | | | | | | |
| | | | | | | anner | | | | | | |

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