



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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	Liberty Mutual Insurance PO Box 188065 Fairfield, OH 45018	CONTACT NAME:	FAX (A/C, No):	800-845-3666
		PHONE (A/C, No, Ext):		
INSURED	Luis Terreros DBA PacificJaniSystems 1623 Sweetwood Dr Daly City CA 94015	E-MAIL ADDRESS:	BusinessService@LibertyMutual.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: American States Insurance Company	19704	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 36371930

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		ADD'L SUBR INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		01CI50266370	8/2/2017	8/2/2018	EACH OCCURRENCE			\$ 1,000,000		
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)			\$ 1,000,000		
	<input type="checkbox"/>						MED EXP (Any one person)			\$ 10,000		
	<input type="checkbox"/>						PERSONAL & ADV INJURY			\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE				\$ 2,000,000					
	<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG			\$ 2,000,000		
	OTHER:						\$					
							\$					
B	AUTOMOBILE LIABILITY			SCHEDULED AUTOS	NON-OWNED AUTOS ONLY	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	COMBINED SINGLE LIMIT (Ea accident)			\$		
							BODILY INJURY (Per person)			\$		
							BODILY INJURY (Per accident)			\$		
							PROPERTY DAMAGE (Per accident)			\$		
										\$		
										\$		
C	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR		EXCESS LIAB	CLAIMS-MADE	EACH OCCURRENCE			\$	
			<input type="checkbox"/>					AGGREGATE			\$	
			<input type="checkbox"/>								\$	
			<input type="checkbox"/>								\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N	N/A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	PER STATUTE			OTH-ER		
							E.L. EACH ACCIDENT			\$		
							E.L. DISEASE - EA EMPLOYEE			\$		
							E.L. DISEASE - POLICY LIMIT			\$		
										\$		
										\$		

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

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

Luis Terreros DBA
PacificJaniSystems
1623 Sweetwood Dr
Daly City CA 94015

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

[Signature]

Stefano Paparella

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