ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2023

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 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: Carlyn Eaton
Leavitt Pacific Insurance Brokers, Inc.	PHONE (A/C, No, Ext): (408)288-6262	FAX (A/C, No): (408)298-7635
License #0D79674	E-MAIL ADDRESS: carlyn-eaton@leavitt.com
1570 The Alameda, Suite 101	

	INSURER(S) AFFORDING COVERAGE	NAIC #
San Jose CA 95126	INSURER A: United Specialty Insurance Company	12537
INSURED	INSURER B: Oregon Mutual Insurance Company	14907
Cal-Vintage Roofing Co Inc	INSURER C: Redwood Fire & Casualty Insurance Compa	11673
11257 Coloma Road Ste A3	INSURER D:	
	INSURER E:	
Gold River CA 95670	INSURER F:	

COVERAGES   CERTIFICATE NUMBER: 23/24 Master   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	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
					DGEGLL6007500	3/1/2023	3/1/2024	MED EXP (Any one person)	$ 5,000
								PERSONAL & ADV INJURY	$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
		POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
		OTHER:						Employee Benefits	$ 1,000,000
B	X	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
		ALL OWNED AUTOS SCHEDULED AUTOS			CMO5039920512	11/1/2022	11/1/2023	BODILY INJURY (Per person)	$
								BODILY INJURY (Per accident)	$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								Uninsured motorist combined single	$ 1,000,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
		DED RETENTION $							$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		CAWC456448	3/1/2023	3/1/2024	X PER STATUTE OTH-ER	
								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)

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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 Fred Stafford/MIDATO

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INS025 (201401)