ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/6/2012

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).

		ate holder in lieu				inay require an e	iiuoise	inent. A sta	itement on th	iis certificate does flot t	,oillei i	igitta	s to the
PRODUCER VICTORIA INSURANCE ACENCY					CONTACT CHRIS VICTORIA								
VICTORIA INSURANCE AGENCY Chris D. Victoria						PHONE (A/C, No, Ext); (7.14) 744-4500 FAX (A/C, No); (714) 744-2500							
1					E-MAIL ADDRE	SS: CVICTOR	RIA@FARME	RSAGENT.COM					
1740 West Katella Ave # H				INSURER(S) AFFORDING COVERAGE						NAIC#			
Orange, CA, 92867						INSURER A: FARMERS INSURANCE EXCHANGE					216	87	
INSU	RED	BRODMANN INC					INSURER B: TRUCK INSURANCE EXCHANGE					217	09
DBA: ROBE		DBA: ROBERT	S CONSTRUC	TIOI	N.		INSURE	RC:					
		11779 CARDI					INSURER D :						
ì		GARDEN GROV	Æ, CA 9284	3-3815			INSURER E :						
							INSURER F:						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H.							VE DE	TN ISSUED T		REVISION NUMBER:	THE DO	LIOV	DEDIOD
IN CE E>	DICAT ERTIF	FED. NOTWITHST ICATE MAY BE IS SIONS AND CONDI	ANDING ANY RESUED OR MAY TIONS OF SUCH	EQUIF PER POLIC	REMEI ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF AN	Y CONTRACT THE POLICII EDUCED BY P	OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT	CT TO	WHI	CH THIS
INSR LTR	CENE	TYPE OF INSUF	RANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		_	
1		RAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$		
į į		CLAIMS-MADE OCCUR								PREMISES (Ea occurrence) \$			
										MED EXP (Any one person) \$			
		~								PERSONAL & ADV INJURY \$			
1 3	CEN	ACCRECATE LIMIT A	DDLIES DED.							GENERAL AGGREGATE	\$		
		AGGREGATE LIMIT A	LOC							PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY			The state of the s	- W		COMBINED SINGLE LIMIT . 1 0		00.0	000			
В	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS									BODILY INJURY (Per accident)	\$		
	1/	HIRED AUTOS	NON-OWNED AUTOS			60480-06-89		3/1/2012	3/1/2013	PROPERTY DAMAGE	\$		
		IIIIEB AOTOG	AUTOS							(Per accident)	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	s		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
ĵ		DED RETENTIO	on s								\$		
	WORKERS COMPENSATION							"		WC STATU- OTH- TORY LIMITS ER			
Α	ANY F	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				A0931-60-46		1/1/2012	1/1/2013	E.L. EACH ACCIDENT	\$1,00		
	(Mano					A0931-00-40				E.L. DISEASE - EA EMPLOYEE	\$1,00		
If yes		, describe under CRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$1,00	0,0	000
DESC	RIPTIC	ON OF OPERATIONS / L	OCATIONS / VEHICL	ES (AI	tach A	CORD 101, Additional Remarks Sci	hedule, if	more space is re	equired)				
CEF	RTIFI	CATE HOLDER	W.				CANO	CELLATION					
PROOF OF INSURANCE							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2010/05)

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CHRIS VICTORIA