

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/01/2019

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).

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PRODUCER						CONTACT Scott Kreuzberger					
The Liberty Company Insurance Brokers						PHONE (818) 914-3960 FAX (A/C, No, Ext): (866) 835-6983					
CAI	License #0D79653				E-MAIL SKreuzberger@libertycompany.com						
5955 De Soto Ave, Suite 250						INSURER(S) AFFORDING COVERAGE NAIC #					
Woodland Hills CA 91367						INSURER A: Colony Insurance Co				39993	
INSURED					INSURER B: Allmerica Financial Benefit Insurance Co					41840	
	Amir Shnitzer, DBA: Powerhous	e Elec	ctric		INSURER C:						
1626 N. Curson Avenue					INSURER D:						
					INSURER E :						
Los Angeles				CA 90046	INSURER F:						
CO	VERAGES CER	ATE	NUMBER: CL1911163812	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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	000	
								MED EXP (Any one person)	\$ 5,00	0	
Α				101GL002067404	06/	06/13/2019	06/13/2020	PERSONAL & ADV INJURY	Φ ′	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00		
	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
В	OWNED AUTOS ONLY SCHEDULED AUTOS			AWF9084984		04/05/2019	04/05/2020	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							Medical payments	\$ 5,00	0	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  N /		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
PRO	DOF OF INSURANCE										
CERTIFICATE HOLDER CANCELLATION											
CANCELLATION CANCELLATION											
PROOF 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					

Additional Named Insureds									
Other Named Insureds									
Powerhouse Electric	Individual, Doing Business As								
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC							