

SOUTHERN CALIFORNIA PATIOS

Starting At
\$15 Per Foot

Newport Non-Insulated

LICENSE # B948536

1st- Choose Your Color



1A

W H I T E



1B

D E S E R T S A N D /
S P A N I S H B R O W N



1C

G R A Y / W H I T E

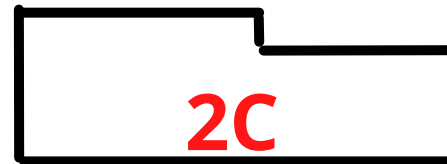
2nd- Choose Your Design



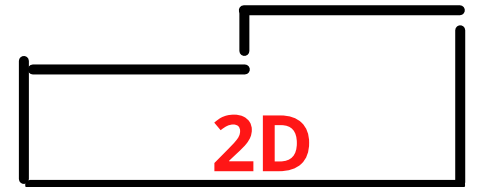
2A



2B



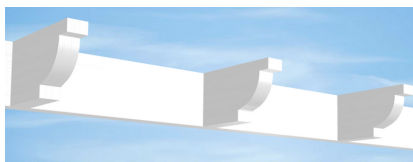
2C



2D

3rd- Choose Your End Caps

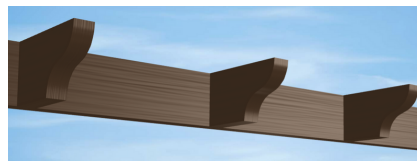
3A



Corbel Caps



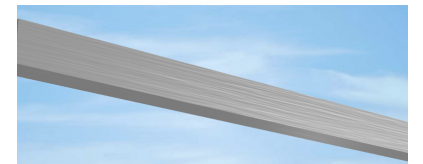
3B



Scallop End Caps



3C



No End Caps

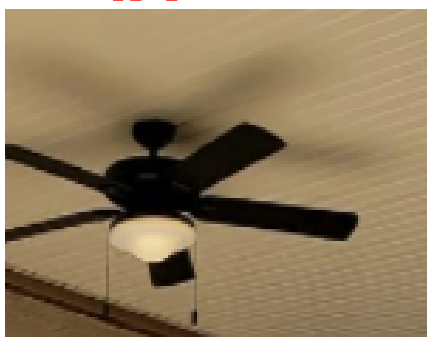


4th- Add Ons

*Customer Provides
Ceiling Fan

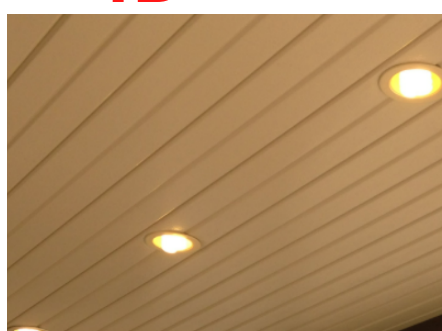
Ceiling Fan Install

4A



LED Light

4B



Outlet

4C



*Customer Provides
Post Lights

Post Light

4D



*Customer Provides
Flood Light

Flood Light

4E



Use This Worksheet To Compare Your Estimates	Estimate 1	Estimate 2	Estimate 3
Name Of Company	Southern California Patios		
Active CSLB License In The Company's Business Name?			
Current Worker's Comp Insurance Policy?			
Current General Liability Insurance Policy?			
Number Of Online Google And Yelp Reviews?	480		
Does The Contractor Have Materials In Stock?			
Turn Around Time To Begin Work?	3-5 Days		
Confirmed Business Address?			
Confirmed Number Of Years In The Alumawood Patio Trade?	16 Years		
Warranty	3 Years On Labor Lifetime On Material		
Price	\$	\$	\$

Our Current Inventory



Our Current Contractors License



Consumers Licensees Applicants

Business Information

SOUTHERN CALIFORNIA PATIOS INC
 1787 POMONA RD SUITE B
 CORONA, CA 92880
 Business Phone Number:(909) 816-1288

Entity Corporation
 Issue Date 06/09/2010
 Reissue Date 07/16/2018
 Expire Date 07/31/2022

License Status

This license is current and active.

Current Work Comp. Insurance Policy



Consumers Licensees Applicant

Bonding Information

Contractor's Bond

This license filed a Contractor's Bond with HUDSON INSURANCE COMPANY.

Bond Number: 30028484

Bond Amount: \$15,000

Effective Date: 07/16/2018

Contractor's Bond History

Bond of Qualifying Individual

The qualifying individual WILE WILLIAM KELLY certified that he/she owns 10 percent or more of the voting stock/membership interest of this company; therefore, the Bond of Qualifying Individual is not required.

Effective Date: 07/16/2018

Workers' Compensation

This license has workers compensation insurance with the INSURANCE COMPANY OF THE WEST

Policy Number:WVE505419001

Effective Date: 03/01/2021

Expire Date: 03/01/2022

Current General Liability Insurance Policy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)
10/01/2021

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).

PRODUCER Coral Point Insurance Services 10755 Scripps Poway Pkwy Suite 603 San Diego CA 92131	CONTACT NAME: Mida Veschembes PHONE (A/C, No, Ext): (800) 982-0054 E-MAIL: mida@coralpointins.com ADDRESS: FAX (A/C, No): (858) 923-2171
INSURER(S) AFFORDING COVERAGE	
INSURER A: Allied World Surplus Lines Insurance Company	NAIC #: 24319
INSURER B: Insurance Company of the West	27847
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2021-22 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.

TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB: <input type="checkbox"/> OCCUR EXCESS LIAB: <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$			6057-4958-01	07/14/2021	07/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROPAGG \$ 2,000,000 Pollution Liability \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		WVE505419001	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000



Southern California Patios

334 reviews

Claimed • Patio Coverings Edit

Closed 9:00 AM - 5:00 PM

Southern California Patios

Website

Directions

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4.7 ★★★★★ 152 Google reviews