

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2016

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). CONTACT NAME:

Cassandra Schwartz

	Timesthu. Caanan luauwanaa		:	- 1	INAIVIE.			·· •-			
Timothy Gaspar Insurance Services, Inc.						PHONE (A/C, No, Ext): (818)302-3060 FAX (A/C, No): (818)436-6122					
5900 Canoga Ave. Suite 110 Woodland Hills, CA 91367					E-MAIL ADDRESS: cassandra.schwartz@gasparinsurance.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
License #: 0G66626						INSURER A: Colony Insurance				NAIC#	
INSURED						INSURER B: State Compensation Insurance Fund					
Ace Demolition Corporation						INSURER C: Scottsdale Insurance					
	PO BOX 1088				INSURE	INSURER D:					
Sun Valley, CA 91353						INSURER E :					
					INSURE						
СО	VERAGES CER	TIFI	CATE	NUMBER: 00000000-0				REVISION NUMBER:	77		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PE CCLUSIONS AND CONDITIONS OF SUCH	QUIRI RTAI	EMEN N, TH	IT, TERM OR CONDITION OF E INSURANCE AFFORDED E	ANY C	CONTRACT OR POLICIES DES	OTHER DOC	UMENT WITH RESPECT T REIN IS SUBJECT TO ALL T	O WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
Α	X COMMERCIAL GENERAL LIABILITY	III	****	101GL000926102		03/10/2016	03/10/2017	EACH OCCURRENCE	\$	1,000,000	
,,	CLAIMS-MADE X OCCUR			1010200020102		00,10,2010		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,000	
								PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUP								-		
	EVOCES LIAD OCCOR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION \$ WORKERS COMPENSATION							▼ PER OTH-	\$		
В	AND EMPLOYERS' LIABILITY Y/N			1967599-2014		05/01/2016	05/01/2017	X PER OTH- STATUTE ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	Included	
_	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	Included	
С	Inland Marine			CPS2392877		03/11/2016	03/11/2017	Equipment leased		75,000	
DEG	RIPTION OF OPERATIONS / LOCATIONS / VEHIC		-COKE	o Tot, Additional Remarks Scriedu	e, may b	e attached ii more	s space is requir				
CE	RTIFICATE HOLDER				CANO	CELLATION					
					THE	EXPIRATION 	DATE THERE	ESCRIBED POLICIES BE C. DF, NOTICE WILL BE DELIV Y PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				

(CFS)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s) (Additional Insured):	Location(s) of Covered Operations:				
ALL PERSONS OR ORGANIZATIONS REQUIRED BY WRITTEN CONTRACT WITH THE INSURED	VARIOUS				

- A. **SECTION II WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" casued, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

Additional Insured Contractual Liability

"Bodily injury" or "property damage" for which the additional insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement.

Finished Operations or Work

- "Bodily injury" or "property damage" occurring after:
 - All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization.

Negligence of Additional Insured

"Bodily injury" or "property damage" arising directly or indirectly out of the negligence of the additional insured(s).

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

U156-0310