

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/22 11:59AM

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)

	ne terms and conditions of the policy, ertificate holder in lieu of such endors						ement on th	is certificate does not t	conter r	ignts to the	
PRODUCER						CONTACT Customer Service Department					
Gaslamp Insurance Services, LLC					PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107						
	ce Carlile				E-MAIL ADDRE						
2244 Faraday Avenue #125 Carlsbad, CA 92008						INSURER(s) AFFORDING COVERAGE INSURER A: Preferred Contractors Insurance Company, RRG				NAIC# 12497	
INSURED					INSURER B:						
Better Home Improvements, LLC					INSURER C:						
					INSURER D:						
24 East Avenue, #138,					INSURER E :						
New Canaan, CT 06840						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMI	LIMITS			
	X COMMERCIAL GENERAL LIABILITY			PCCM432893		05/03/2022	05/03/2023	EACH OCCURRENCE	\$1,00	00,000	
Α	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,0		
								MED EXP (Any one person)	\$5,00		
								PERSONAL & ADV INJURY	+	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$1,00	00,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
								(Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	· ·		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS AUTOS							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC CRIPTION OF COVERAGE	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	pe attached if mor	e space is requi	red)			
Sı	ubject to all policy terms,	ex	clus	sions and condition	ns						
CERTIFICATE HOLDER						CANCELLATION					
Verification of Coverage						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						Bruce Carlile Bull & Jack					