®	
ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

						_			03/27	/24 3:11PM		
C B	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).												
PRODUCER						CONTACT Customer Service Department						
Gaslamp Insurance Services, LLC					PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107							
Brent Nelson						E-MAIL ADDRESS:						
2244 Faraday Avenue #125 Carlsbad, CA 92008					INSURER(S) AFFORDING COVERAGE					NAIC # 10713		
INSURED					INSURER B :							
Perfectoremodel Corp					INSURER C :							
10 Fast 10th Street					INSURER D :							
	10 East 19th Street, Huntington Station, NY 11746					INSURER E :						
	•							<u> </u>				
	COVERAGES CERTIFICATE NUMBER: 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 Image: Content of 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		ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	s			
	X COMMERCIAL GENERAL LIABILITY			GLSISTC006053324	4	04/11/2024	04/11/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$1,00 \$50,0	00,000		
A								PREMISES (Ea occurrence)	\$5,00			
								MED EXP (Any one person) 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		
								COMBINED SINGLE LIMIT	\$			
								(Ea accident) BODILY INJURY (Per person)	\$ \$			
	ANY AUTO							BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE				
	DED RETENTION \$								\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				
									Ψ			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Verification of Coverage *Subject to all policy terms, exclusions and conditions*												
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 Mult Caulu									

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