

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2024

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				licy, certain policies may require an endorsement. A statement on n endorsement(s).						
PRODUCER						CONTACT John Fortman 1					
LBW Insurance & Financial Services, Inc.					PHONE (661) 702-6000 FAX (661) 7					702-6060	
28055 Smyth Drive					(A/C, No, Ext): (A/C, No): (A/C,						
						INSURER(S) AFFORDING COVERAGE					
Valencia CA 91355						INSURER A: Canopius US Insurnace, Inc.					
INSURED					INSURER B: Insurance Company of the West					27847	
Randal G. Winter Construction, Inc					INSURER C:						
28348 Constellation Road, Suite 810					INSURE	RD:					
					INSURER E :						
	Santa Clarita	CA 91355			INSURER F:						
CO	VERAGES CER	ATE	NUMBER: CL241226307	13 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	Ψ	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				CUSPC1900022900		01/01/2025	01/01/2026	PERSONAL & ADV INJURY	Ψ	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	Ψ	00,000	
	OTHER:							Blanket Additional	\$ Inclu	uded	
	AUTOMOBILE LIABILITY							OOMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ /ORKERS COMPENSATION				-+			PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N			WVE505839904		12/31/2024	12/31/2025	PER OTH- STATUTE ER	¢ 1,000,000		
В	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	\$ 1,000,000 \$ 1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	,0,000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as additional insured, but only as respects to the liability arising out the work performed by the named insured. Provisions for additional insured are outlined in the above referenced general liability policy and only apply when required by written contract. *10 day notice of cancellation for non-payment of policy premium.											
CERTIFICATE HOLDER						CANCELLATION					
For Information Only					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						
						Clam Farman					