

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 09/07/2018

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 a If SUBROGATION IS WAIVED, subject to this certificate does not conferrights to	the te	erms	and conditions of the po	licy, ce	rtain policies				
this certificate does not confer rights to the certificate holder in lieu of such					CONTACT Amy Gan				
ISU Insurance Services - Centinel Agency, LLC					PHONE (415) 657-2000 FAX (415) 657-2002				
250 Executive Park Blvd					E-MAIL Amy@isuca.com				
Suite 4800					ADDRESS: MIN WINDERCOVERAGE NAIC #				
San Francisco CA 94134					INSURER A: State Compensation Ins. Fund				
INSURED				INSURER B :					
Cypress Construction Services, Inc					INSURER C :				
1500 41st Ave					INSURER D :				
Suite 290				INSURER E :					
Capitola CA 95010				INSURER F :					
COVERAGES CERTIFICATE NUMBER: 18-19 WC					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 PC			TS SHOWN MAY HAVE BEEN	I REDUC					
INSR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
							PRODUCTS - COMP/OP AGG \$		
OTHER:							\$		
							(Ea accident) \$ BODILY INJURY (Per person) \$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY							(Per accident)		
							EACH OCCURRENCE \$		
CLAIMS-MADE							AGGREGATE \$		
DED         RETENTION \$           WORKERS COMPENSATION							PER   OTH-     STATUTE   ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								,000,000	
A OFFICER/MEMBER EXCLUDED?	N/A		9155585-2018		04/01/2018	04/01/2019		,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below								,000,000	
		+							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the insured's operations.									
CERTIFICATE HOLDER CANCELLATION									
Cypress Construction Services, Inc. 1500 41st Ave, Ste 290				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					
Capitola CA 95010						0	han Farm		

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