

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/11/2019

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)

tn	is certificate does not confer rights to	tne c	ertiti	cate noider in lieu of such							
PROD	UCER				CONTAC NAME:	CT Amy Gan					
ISU Insurance Services - Centinel Agency, LLC						PHONE (415) 657-2000 FAX (415) 657-2002					
250 Executive Park Blvd						E-MAIL Amy@icuca.com					
Suite	2 4800				ADDRESS: AITY @ ISUCAL COTT					11410 #	
	Francisco			CA 94134		Ct-t- C-	. ,			NAIC#	
				OA 94134	INSURER A: State Compensation Ins. Fund						
INSU					INSURER B:						
	Cypress Construction Services,	Inc			INSURER C:						
	1500 41st Ave				INSURER D :						
	Suite 290				INSURER E :						
Capitola CA 95010						INSURER F:					
COV	ERAGES CER	TIFIC	ATF	NUMBER: 19-20 WC	REVISION NUMBER:						
_	IS IS TO CERTIFY THAT THE POLICIES OF				ISSUED	TO THE INSUE			IOD		
	DICATED. NOTWITHSTANDING ANY REQUI										
	RTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	,		
	CLUSIONS AND CONDITIONS OF SUCH PC				REDUC						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CEANNO-WIADE COCCIN							·			
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									—		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION	N/A				04/01/2019	04/01/2020	PER STATUTE OTH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		9155585-2019	0.455505.0040				E.L. EACH ACCIDENT	s 1,00	00,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			9155585-2019				E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
	If yes, describe under								4.00	00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
CSL	B# 748309										
Tha	an usual to the incurred a proretions										
inos	se usual to the insured's operations.										
CERTIFICATE HOLDER CANCELLA											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	_							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN		
	Contractors State License Board	b			A00	CUDANCE WII	IIIL FULIU	i i Novioloito.			
	PO Box 26000			AUTHORIZED REPRESENTATIVE							
Sacramento CA 95826						Jordan France					



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PRO	DUCER				CONTACT Amy Gan						
ISU Insurance Services - Centinel Agency, LLC						PHONE (415) 657-2000 FAX (415) 657-2002					
250 Executive Park Blvd						(A/C, No, Ext): (413) 637-2600 (A/C, No): (413) 637-2602 E-MAIL ADDRESS: Amy@isuca.com					
Suit	e 4800				INSURER(S) AFFORDING COVERAGE NAIC						
San	Francisco			CA 94134	INSURER A: State Compensation Ins. Fund					-	
INSU	RED				INSURE	RB:					
	Cypress Construction Services	Inc			INSURER C:						
	1500 41st Ave				INSURER D:						
	Suite 290				INSURER E :						
	Capitola			CA 95010	INSURER F:						
CO	/ERAGES CER	TIFIC	TIFICATE NUMBER: 19-20 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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					(, = =, ,	(·····, = =, · · · · ·)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
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	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMPINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$		
	CLAIWS-WADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					04/01/2019	04/01/2020		\$ 1,00	00 000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	9155585-2019	E.L. EACH ACCIDENT				-	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				Φ,	00,000		
	BESSELLI THON OF OF ENATIONS BRIOW							E.E. DISEASE -1 GEIGT EIWITT	Ψ		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL se usual to the insured's operations.	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
				CANOCILIATION							
CEF	RTIFICATE HOLDER				CANCELLATION						
	Cypress Construction Services, 1500 41st Ave, Ste 290	Inc.			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						Joshun Farem					