

CERTIFICATE OF LIABILITY INSURANCE

ALLST-5 OP ID: KB

DATE (MM/DD/YYYY) 09/23/13

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 liqu of such endorsement(s)

С	ertificate holder in lieu of such endors	sement(s)						
	DUCER		702-227-5727	CONTACT NAME:				
Capstone Brokerage Inc 8681 W. Sahara Ave., Suite 100 702-227-5753			PHONE FAX (A/C, No, Ext): (A/C, No):					
Las Vegas, NV 89117				E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE			NAIC#
				INSURER A : Colony Insurance Company				
INSURED Allstate Roofing 6600 W. Charleston #111				INSURER B:				
				INSURER C:				
Las vegas, NV 89146								
				INSURER D:				
				INSURER E:				
				INSURER F:				l
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES		E NUMBER:	/F DEEN IGOUED TO	O THE INCHES	REVISION NUMBER:	UE DOI	IOV PERIOR
II C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH I	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACTED BY THE POLICIE	OR OTHER ES DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	elmb. A second and a second and
	GENERAL LIABILITY	HOIX WVD	, cast nomest	(EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		GL3880685	07/23/13	07/23/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR			/		MED EXP (Any one person)	\$	5,000
	CLAIIVIS-IVIADE A OCCUR							1,000,000
						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000
							\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC				-	COMBINED SINGLE LIMIT	J.	
						(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS					(Per accident)	\$	On an area and a second
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	W/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL dence of Insurance	ES (Attach	ACORD 101, Additional Remarks \$	Schedule, if more space i	s required)	*		
CERTIFICATE HOLDER				CANCELLATION				
Evidence of Insurance				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 REPRESS	. Court	li.		