



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/08/2015

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).

<b>PRODUCER</b> <b>CRES Insurance Services, LLC</b> <b>P.O. Box 500810</b> <b>San Diego, CA 92150</b> <b>CA Ins Lic 0D85894</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>800-880-2747</b>	<b>FAX (A/C, No):</b> <b>858-618-1655</b>
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>Gable Real Estate, Inc.</b> <b>1918 Erringer Road</b> <b>Simi Valley, CA 93065</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b>	
	<b>INSURER B : QBE Insurance</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**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 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Professional Liability</b> <b>Claims Made Errors &amp; Omissions Coverage</b>			<b>QCR-3025286-01</b>	<b>09/01/2015</b>	<b>09/01/2016</b>	<b>Per Occurance: \$1,000,000</b> <b>Aggregate Limit: \$1,000,000</b> <b>Deductible \$5,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Additional Named Insured applies to Professional Liability:  
**City Escrow Inc.**

**CERTIFICATE HOLDER****CANCELLATION**

[Empty space for Certificate Holder]	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 

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# REAL ESTATE SERVICES ERRORS & OMISSIONS INSURANCE

PART 1.

## DECLARATIONS PAGE

Policy Number: QCR-3025286-01

**1. Named Insured / Address:**

Corporation: Gable Real Estate, Inc.  
D.B.A R. R. Gable, Inc.  
1918 Erringer Road  
Simi Valley, CA 93065

**2. Policy Period:** From 09/01/2015 to 09/01/2016 (12:01 AM at address #1)

**3. Retroactive Date:** Real Estate 09/01/1997

**4. Insured Services:**

- Brokerage of commercial real estate, including 5+ residential units
- Brokerage of raw, vacant and partially developed land
- Broker-held/first party escrow
- Business opportunities
- Property management/leasing of commercial real estate, which includes 5+ residential units
- Residential Real Estate Services, meaning the brokerage, property management, leasing, referral or broker price opinion of 1-4 unit residential properties.
- Third party escrow

<b>5. Limit of Liability:</b>	<b>a. Each Wrongful Act</b>	\$1,000,000
	<b>b. Aggregate</b>	\$1,000,000
	<b>c. Discrimination</b>	\$1,000,000
	<b>d. Lockbox</b>	To Policy Limit
	<b>e. Contingent Bodily Injury</b>	None

**6. Retention:** \$5,000 (see endorsements for reductions / enhancements)

**7. Premium:** \$8,614.00