

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/13/2024

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.

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). PRODUCER CONTACT NAME: Joanna Burleson R.K. Gore & Associates, LLC PHONE (A/C, No, Ext): 385-352-7763 FAX (A/C, No): 714-573-1770 3400 N. Ashton Blvd., Suite 490 Lehi UT 84043 ADDRESS: jburleson@rkgore.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: OAK RIVER INS CO 34630 INSURED INSURER B: NAUTILUS INS CO 17370 Garland Restoration Inc. INSURER C: 1951 N. Main Street Orange CA 92865 INSURER D: INSURER E: INSURER F : **COVERAGES** CERTIFICATE NUMBER: 248996839 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 ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS B X COMMERCIAL GENERAL LIABILITY ECP2031529-14 3/21/2024 3/21/2025 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 X | POLICY LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB X FFX2031530-14 3/21/2024 OCCUR 3/21/2025 EACH OCCURRENCE \$1,000,000 X **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$1,000,000 DED RETENTION \$ \$ WORKERS COMPENSATION GAWC527094 1/1/2024 PER STATUTE 1/1/2025 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 1,000,000 N / A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Professional Liability Contractors Pollution Liability ECP2031529-14 ECP2031529-14 3/21/2025 3/21/2025 Each Claim Each Condition 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Evidence Of Insurance AUTHORIZED REPRESENTATIVE