



RLAQUIHON

6/4/2025

PRODUCER World Insurance Associates, LLC 12320 Race Track Rd Tampa, FL 33626	CONTACT NAME: PHONE (A/C, No, Ext): (813) 492-5000 FAX (A/C, No): (813) 547-5012 E-MAIL ADDRESS: service@volarisinsure.com														
INSURED Reno's Roofing Inc 11338 Garber Street, Sylmar, CA 91342	<table border="1"> <thead> <tr> <th data-bbox="797 373 1425 382">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1425 373 1563 382">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="797 382 1425 392">INSURER A : Hamilton Select Insurance Inc.</td> <td data-bbox="1425 382 1563 392">17178</td> </tr> <tr> <td data-bbox="797 392 1425 401">INSURER B :</td> <td data-bbox="1425 392 1563 401"></td> </tr> <tr> <td data-bbox="797 401 1425 411">INSURER C :</td> <td data-bbox="1425 401 1563 411"></td> </tr> <tr> <td data-bbox="797 411 1425 420">INSURER D :</td> <td data-bbox="1425 411 1563 420"></td> </tr> <tr> <td data-bbox="797 420 1425 430">INSURER E :</td> <td data-bbox="1425 420 1563 430"></td> </tr> <tr> <td data-bbox="797 430 1425 438">INSURER F :</td> <td data-bbox="1425 430 1563 438"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hamilton Select Insurance Inc.	17178	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY				PCHS00071707-01	6/4/2025	6/4/2026	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE	X	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
									MED EXP (Any one person)	\$ 1,000		
									PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000		
		POLICY	X	PRO-JECT						LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:								\$		
										\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO		SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
									\$			
		UMBRELLA LIAB			OCCUR			EACH OCCURRENCE	\$			
		EXCESS LIAB			CLAIMS-MADE			AGGREGATE	\$			
		DED		RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A				<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$		
									E.L. DISEASE - POLICY LIMIT	\$		