



## **CERTIFICATE OF LIABILITY INSURANCE**

RLAQUIHON

DATE (MM/DD/YYYY) 6/4/2025

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 liqu of such endorsement(s)

this certificate does not confer rights to the certificate holder in lieu of s					CONTACT NAME:							
World Insurance Associates, LLC 12320 Race Track Rd						PHONE (A/C, No, Ext): (813) 492-5000 FAX (A/C, No): (813) 547-5012						
Tampa, FL 33626					E-MAIL ADDRESS: service@volarisinsure.com							
							•	RDING COVERAGE			NAIC #	
						INSURER A: Hamilton Select Insurance Inc.					17178	
Reno's Roofing Inc						INSURER B:						
						INSURER C:						
11338 Garber Street, Sylmar, CA 91342					INSURER D:							
	<b>5,</b> , 55.5.5.				INSURER E:							
						INSURER F:						
				E NUMBER:		EEN IOOUED 3	TO THE INDIA	REVISION NU		LIE DO	NIOV PEDIOD	
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A .	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			PCHS00071707-01		6/4/2025	6/4/2026	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	ICE TED	\$	1,000,000 50,000	
								MED EXP (Any one person)		\$	1,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate is for Evidence of Insurance Onl	y.	ACORI	J 101, Additional Remarks Schedl	ile, may b	e attached if mor	e space is requi	rea)				
CE	RTIFICATE HOLDER				CANC	ELLATION						
Certificate is for Evidence of Insurance Only.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE					