

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2021

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 lieu of such endorsement(s).

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PRODUCER						CONTACT NAME: Certificates					
Orr & Associates Insurance Services						PHONE (A/C, No, Ext): 800-311-3081 (A/C, No): 800-474-3003					
28780 Single Oak Dr Ste 255						E-MAIL ADDRESS: certs@orrandassociates.com					
Temecula CA 92590											
						INSURER(S) AFFORDING COVERAGE				NAIC#	
License#: 0E63493 INSURED ABSOELE-03						INSURER A: U.S. Specialty Insurance Co.				29599	
Absolute Electrical Inc					INSURER B:						
PO Box 86					INSURER C:						
Tracy CA 95378					INSURER D:						
					INSURER E :						
						INSURER F:					
				NUMBER: 1793646210	·	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,											
	XCLUSIONS AND CONDITIONS OF SUCH										
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	A X COMMERCIAL GENERAL LIABILITY			U21AC95338-05		12/15/2021	12/15/2022	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		000	
								MED EXP (Any one person)	\$ 5,000	)	
								PERSONAL & ADV INJURY	\$ 1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	GATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,		0,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	0.000	
	OTHER:								\$	,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per acciden	t) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(r er accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							ACCITECTIE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	+		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYE			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS BOOW							L.L. DISEASE - FOLICT LIMIT	Ψ		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORD	101. Additional Remarks Schedu	le. mav be	attached if more	e space is require	ed)			
Cei	tificate is subject to policy limits, conditi				,,			,			
EVI	Evidence of Coverage										
CERTIFICATE HOLDER						CANCELLATION					
Fuidence of Coverage					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 Coverage					AUTHORIZED REPRESENTATIVE						
						all d					