

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/05/2011

**PRODUCER**  
SKYLES INSURANCE AGENCY  
SKYLES INSURANCE AGENCY  
9840 BUSINESS PARK DRIVE  
SACRAMENTO, CA 95827

888-900-9989

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
SILICON VALLEY PAINTING  
JOSE LOPEZ (RALPH)  
1940 LAFAYETTE ST #C  
SANTA CLARA, CA 95050

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NAVIGATORS INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ/JECT <input type="checkbox"/> LOC	04-10153350	10/07/11	10/07/12	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS & COMP/OF AGG	\$ 2,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY > EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: TORY LIMITS	OTHE ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE > EA EMPLOYEE	\$
						E.L. DISEASE > POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

PROOF OF INSURANCE  
\*10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT

**CERTIFICATE HOLDER**

**CANCELLATION**

SILICON VALLEY PAINTING  
FOR INSURANCE PURPOSES

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \*30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

# REQUEST FOR PROOF OF INSURANCE OR ADDITIONAL INSURED

THIS FORM CAN BE FILLED OUT ONLINE AT: [www.skylesinsurance.com](http://www.skylesinsurance.com)

Attn: AI Dept

Fax back to: 916-361-9821

Or Email to: [ai@skylesinsurance.com](mailto:ai@skylesinsurance.com)

## Insurance holder information:

Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Please indicate your requirements below by checking the appropriate box:

<input type="checkbox"/>	Proof of Insurance	\$0
<input type="checkbox"/>	Regular Additional Insured	\$0
<input type="checkbox"/>	Additional Insured with <input type="checkbox"/> Primary Wording and/or <input type="checkbox"/> Waiver of Subrogation	\$0
<input type="checkbox"/>	Additional Insured with Per Project Aggregate Endorsement	\$250
<input type="checkbox"/>	CG 2010 11/85 Equivalent (ANF 160) - Complete Ops AI - Available for commercial only	\$500

### **ADDITIONAL INSURED MUST BE PAID UP FRONT PRIOR TO ISSUANCE (IF APPLICABLE)**

Please include check or credit card information form with this request. Contact us if you need a payment form.

## Please complete the following describing the Additional Insured or Proof of Insurance Holder:

To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Please complete the following for Additional Insured requests (not required for Proof of Insurance)

Start Date: \_\_\_\_\_ (NOTE: If over 30 days past, you will need a no loss letter)

Job Location\*: \_\_\_\_\_

Street Address City State Zip

(\* If job location is in multiple counties, please state the counties where work will be performed)

Job Description: \_\_\_\_\_

Is this a residential project?  Yes  No

If this is a commercial project, what is the type of business performed there?

(i.e. Nail Salon, Law Office, Restaurant, etc. \_\_\_\_\_)

Work Subcontracted Out: \_\_\_\_\_

Additional Insured's relationship to the policyholder: (please check one below)

General Contractor  Owner  Landlord  Public Entity/Permits  Engineer

Prop. Management  Retail Supplier  Lender  Warranty/Referral Firm  Architect

Other: \_\_\_\_\_

Check any of the items below that the job involves:

Tract Homes  Condos  Townhouses  Apartments  Loft Conversions

What is the job type?

New Construction  Remodel  Service/Repair

Do you have a written contract with the AI?  Yes  No

***Make copies and fax/mail as needed***