

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/02/2020

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).

C	is certificate does not comer rights t	LO LIII	Cei	tilicate libidei ili lied oi s							
	DUCER		NAME:								
Atlantis Insurance Brokerage					PHONE (A/C, No	310521	13939	FAX (A/C, No):	FAX (A/C, No):		
12110 S. MAIN ST					E-MAIL karina.bailey@atlantisins.com						
639 Channel Street Suite H						INSURER(S) AFFORDING COVERAGE				NAIC #	
San Pedro			CA 90731			INSURER A: Topa Insurance Company				18031	
INSURED				INSURER B:							
ROBERTO MAS						INSURER C :					
P O BOX 1272						INSURER D :					
DOWNEY				CA 90241	INSURER E :						
COVERAGES CER			CATI	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF					EN ISSI	UED TO THE I			Y PERIO	OD	
Cl	DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE	INSURANCE AFFORDED BY	THE PC	LICIES DESC	RIBED HEREIN			IS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Fa occurrence)	\$		
	3333.							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
								FRODUCTS - COMPJOE AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		00,000	
	ANY AUTO							(Fa accident) BODILY INJURY (Per person)	\$	<u> </u>	
Α	OWNED SCHEDULED	Υ	N	COM00200487-02		02/24/2020	02/24/2021	BODILY INJURY (Per accident)	\$		
, ,	AUTOS ONLY AUTOS NON-OWNED	-		00.10020010702		0=,= 1,=0=0	-,,	PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	ф ф		
	UMBRELLA LIAB								Þ		
	- OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
201	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE PETERBILT DUMP TRUCK VIN# 1XP PETERBILT DUMP TRUCK VIN# 1XF	ΓD492	X5CD	160377.	, may be	attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER CAI											
CLI	City of Los Angeles and its A	genc	ies, B	oards and Depts.	SHC THE	EXPIRATION	THE ABOVE D	DESCRIBED POLICIES BE OF, NOTICE WILL BE DELIVEY PROVISIONS.			
200 North Main Street City Hall Fast - Rm 1240						AUTHORIZED REPRESENTATIVE					
City Hall East - Rm 1240					coral lopez						
Los Angeles CA 90012											



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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)