



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2026

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).

PRODUCER CINDY LOPEZ INSURANCE AGENCY 4233 TWEEDY BLVD SOUTH GATE CA 90280		CONTACT NAME: CINDY LOPEZ PHONE (A/C No. Ext.): (323) 420-7314 FAX (A/C No.): E-MAIL ADDRESS: SERVICE@CINDYLOPEZINSURANCEAGENCY.COM	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Berkshire Hathaway Direct Insurance Co	
		INSURER B: Berkshire Hathaway Direct Insurance Co	
		INSURER C: Berkshire Hathaway Direct Insurance Co	
		INSURER D: Benchmark Insurance Company	
		INSURER E: U.S. Specialty Insurance Company	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	Y	Y	N9BP683967	06/01/2026	06/01/2027	EACH OCCURRENCE \$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY	Y	Y	0072027-01-CA	06/01/2026	06/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	☒ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB	Y	Y	0072027-01-CA	06/01/2026	06/01/2027	EACH OCCURRENCE \$ 10,000,000
	☒ EXCESS LIAB						AGGREGATE \$ 10,000,000
	DED RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	99-WC-00004865-00	06/01/2026	06/01/2027	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	SURETY BOND	Y	Y	101054615	04/06/2026	06/30/2027	PARKING OCCUPANCY 50,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of Los Angeles and its Agencies, Boards and Depts. 200 North Main Street City Hall East - Rm 1240 Los Angeles CA 90012	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE CINDY LOPEZ

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

Blanket, CG 20 07. Additional Insured - Engineers, Architects, or Surveyors, CG 20 10. Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization, CG 20 11. Additional Insured - Managers or Lessors of Premises, CG 20 12. Additional Insured - State or Political Subdivisions - Permits, CG 20 13. Additional Insured - State or Political Subdivisions - Permits Relating to Premises, CG 20 15. Additional Insured - Vendors, CG 20 18. Additional Insured - Mortgagee, Assignee, or Receiver, CG 20 23. Additional Insured - Executors, Administrators, Trustees or Beneficiaries, CG 20 26. Additional Insured - Designated Person or Organization, CG 20 27. Additional Insured - Company - Owner Premises, CG 20 28. Additional Insured - Lessor of Leased Equipment, CG 20 29. Additional Insured - Grantor of Franchise, CG 20 30. Additional Insured - Oil or Gas Operations - Nonoperating Working Interests, CG 20 32. Additional Insured - Engineers, Architects, or Surveyors Not Engaged by the Named Insured, CG 20 33. Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement with You, CG 20 34. Additional Insured - Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You, CG 20 37. Additional Insured - Owners, Lessees or Contractors - Completed