

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2021

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 liqu of such endorsement(s).

	is certificate does not confer rights to						may require	an endorsement. A statem	ent o	on	
PRODUCER						CONTACT Shirley Babb					
Vinsa Insurance Associates						PHONE (A/C, No, Ext): (661) 948-5041 FAX (A/C, No): (661) 948-9744					
Cal Lic 0366679						E-MAIL sbabb@vinsa.us					
P O Box 4550						INSURER(S) AFFORDING COVERAGE					
Lancaster CA 93539-4550						INSURER A: Mt. Hawley Ins. Co				NAIC # 37974	
INSURED						INSURER B:					
Bullet Proof Builders, Inc.					INSURER C:						
	29033 Avenue Sherman					INSURER D:					
Suite 208					INSURER E :						
Valencia				CA 91355	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 21-22 MASTE						R 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 SUBR  INSD   WVD   POLICY NUMBER		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY					06/03/2021	06/03/2022	EACH OCCURRENCE \$	1,000	0,000	
Α	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	50,00	00	
								MED EXP (Any one person) \$	10,00	00	
				MGL0193339				FERSONAL & ADV INJURT 5		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							CENTER (NEXT CONTECT OF THE		0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$	2,000	0,000	
	OTHER:							COMBINED SINGLE LIMIT &			
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	No manage to the second							\$	7.000	2.000	
Α	EXCESS LIAB OCCUR			MXL0431639		06/03/2021	06/03/2022	Z 00		0,000	
^	CLAIMS-IMADE	.		WIXE0431009		00/03/2021	00/03/2022	AGGREGATE \$	7,000	0,000	
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							· · · · · ·			
OFFICER/MEMBER EXCLUDED?			/A					E.L. DISEASE - EA EMPLOYEE \$			
	(Wartiatory III NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
	DESCRIPTION OF CITATIONS SCION							E.E. BIOLINGE T OLIGIT LIMIT			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
Car	ncellation notice provided per policy form of the	ne ab	ove re	eferenced.							
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Insurance						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					