



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2025

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 Allied Brokers Insurance Agency, Inc. 591 Lytton Avenue Palo Alto CA 94301		CONTACT NAME: Arvin Bariquit PHONE (A/C, No, Ext): 650-328-1000 FAX (A/C, No): 650-324-1142 E-MAIL ADDRESS: BusinessVIP@alliedbrokers.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: CENTURY SURETY CO
		36951
INSURED Grant's Window and Pressure Washer LLC 25861 ESTACADA WAY LOS ALTOS HILLS CA 94022-2098		License#: 6005891 GRANWIN-01
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 780978871

## 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	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR			CCP-1146569	5/19/2024	5/19/2025	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/OP AGG	\$ Included								
Deductible	\$ 500									
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$		
							BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
							\$			
AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							EACH OCCURRENCE	\$		
							AGGREGATE	\$		
							\$			
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							PER STATUTE	OTHR-		
							E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							Y / N	N / A		
A	Business Personal Property			CCP-1146569	5/19/2024	5/19/2025	Limit	50,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Covered Location: 25861 Estacada Way Los Altos CA 94022

## CERTIFICATE HOLDER

## CANCELLATION

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

\*\* PROOF OF COVERAGE \*\*