

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2016

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 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).

CE	rtificate holder in lieu of such endorseme	nt(s).			CONTA							
PRODUCER						Cusio	mer Service De	partment				
Statewide Commercial Insurance Brok					PHONE (A/C, No	o, Ext): (877)	207-7900		FAX (A/C, No):	(626	6) 744-9196	
2406 N Lake Avenue					É-MÁIL ADDRE	:16	st8wide.com					
Altadena, CA 91001						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#	
Phone (877) 207-7900 Fax (626) 744-9196					INSURE	RA: Prefer	red Contracto	ors Insurance Co	ompany, F	≀RG		
INSURED					INSURE	RB:						
Design Tech					INSURER C:							
7866 Flight Ave					INSURER D :							
Los Angeles			Ca 90045			INSURER E :						
			RTIFICATE NUMBER: 1			INSURER F : DEVISION NUMBER:						
			•			REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH I	UIRE RTAIN	MENT I, THE	T, TERM OR CONDITION OF EINSURANCE AFFORDED BY	ANY COI Y THE PO	NTRACT OR (OLICIES DES(OTHER DOCUM CRIBED HEREI	MENT WITH RESP	PECT TO W	/HICH T	THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	✓ COMMERCIAL GENERAL LIABILITY	iiii	*****			((EACH OCCURREN	ICE	\$ 1,0	00,000.00	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED		,000.00	
				PCIC5026-PCA567077		05/25/2016	05/25/2017	MED EXP (Any one person)			00.00	
Α								PERSONAL & ADV	• /	•	00.000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE			00,000,000	
	POLICY PRO- LOC							PRODUCTS - COM			00,000,000	
	OTHER									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P		\$		
	ALL OWNED SCHEDULED							BODILY INJURY (P	'er accident)	\$		
	HIRED AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAG	05	\$		
	HIRED AUTOS LAUTOS							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							AGGILGATE		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH-	Ψ		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	L ER	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under							E.L. DISEASE - PO				
	DESCRIPTION OF OPERATIONS below									Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES	(Attac	h ACORD 101, Additional Remar	rks Sched	ule, if more spa	ce is required)					
Insu	red's Copy											
CERTIFICATE HOLDER						CANCELLATION						
Design Tech 7866 Flight Ave						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Los Angeles CA 90045					AUTHORIZED REPRESENTATIVE							
					Toni Hernandez							