



EVANSTON INSURANCE COMPANY

State Transaction Code:

COMMON POLICY DECLARATIONS

POLICY NUMBER: 3AA621963

RENEWAL OF POLICY: 3AA523564

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Remodeling California Inc

1702 South Robertson Boulevard #379

Los Angeles, CA 90035

Policy Period: From 11/24/2022 to 11/24/2023 at 12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: General Contractor

| FORM OF BUSINESS | | | | | |
|--|--|--|--------------------------------|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Trust | <input checked="" type="checkbox"/> Corporation | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other Organization: | | | | |
| Audit Period: Annual unless otherwise stated: | | | FTZ Code: | | |

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

| THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. | | |
|---|----------------------|-------------|
| Commercial Property Coverage Part | \$ | Not Covered |
| Commercial General Liability Coverage Part | \$ | 4,380.00 |
| Commercial Inland Marine Coverage Part | \$ | Not Covered |
| Commercial Ocean Marine Coverage Part | \$ | Not Covered |
| Commercial Professional Liability Coverage Part | \$ | Not Covered |
| Commercial Automobile Liability Coverage Part | \$ | Not Covered |
| Liquor Liability Coverage Part | \$ | Not Covered |
| Crime Coverage Part | \$ | Not Covered |
| Other Coverages: Terrorism - Certified Acts | \$ | Excluded |
| | \$ | |
| | Premium Total | \$ 4,380.00 |
| Other Charges: Taxes and Fees - See MDIL 1002 | \$ | 142.35 |
| | \$ | |
| | \$ | |
| | GRAND TOTAL | \$ 4,522.35 |

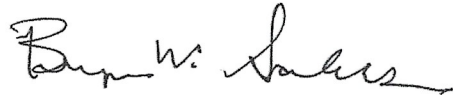
| Producer Number, Name and Mailing Address | |
|---|---|
| 210938 | State Surplus Lines License # 0488901 |
| M.J. Hall & Company, Inc. | Inspection Ordered: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 1550 West Fremont Street 2nd Floor | Program Code: |
| Stockton, CA 95203 | |

Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

SEE FORMS SCHEDULE - MDIL 1001

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.



Countersigned: 11/30/2022
Date

BY:



EVANSTON INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: 3AA621963

"X" If Supplemental Declarations Is Attached

| RETROACTIVE DATE | |
|---|------|
| THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW. | |
| RETROACTIVE DATE: | None |
| (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES) | |

| LIMITS OF INSURANCE | | |
|--|--------------|--------------------------------|
| General Aggregate Limit (other than Products/Completed Operations) | \$ 2,000,000 | |
| Products/Completed Operations Aggregate Limit | \$ 2,000,000 | |
| Personal and Advertising Injury Limit | \$ 1,000,000 | Any One Person or Organization |
| Each Occurrence Limit | \$ 1,000,000 | |
| Damage to Premises Rented to You Limit | \$ 100,000 | Any One Premises |
| Medical Expense Limit | \$ 5,000 | Any One Person |

ALL PREMISES YOU OWN, RENT OR OCCUPY

| Loc. No. | ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY |
|----------|---|
| 1 | 1702 South Robertson Boulevard #379, Los Angeles, CA, 90035 |

CLASSIFICATION AND PREMIUM

| Loc. No | Code No. Classification | Rating Basis | Premium Basis | Other Basis | Rate | | Advance Premium | |
|---------|--|----------------------------|---------------|-------------|-------|-----------|-----------------|-----------|
| | | | | | Pr/Co | All Other | Pr/Co | All Other |
| 1 | 91580 Contractors - executive supervisors or executive superintendents | Per \$1,000 of Gross Sales | 500,000 | | | \$8.76 | | \$4,380 |
| 1 | 91583 Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings | Per \$1,000 of Total Cost | Incl. | | | Incl. | | Incl. |
| 1 | 91585 Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - Not Otherwise Classified | Per \$1,000 of Total Cost | Incl. | | | Incl. | | Incl. |
| | Markel contractors bundle - CG 20 01 | Percent of rate | Incl. | | | Incl. | | Incl. |

| | | | | | | | | |
|--|--|--|--|--|--|--|----------------------------------|---------|
| MEGL 0241-01 MEGL 0313 MEGL 0009-01 | | | | | | | | |
| *(a) Area *(c) Total Cost *(m) Admissions *(p) Payroll *(s) Gross Sales (u) Units *(r) Gross Receipts (e) Each (o) Other: Premium Basis identified with a "*" is per 1000 of selected basis. | | | | | | | Total Advance Premium | \$4,380 |

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

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|--------------------------------|
| FORMS AND ENDORSEMENTS |
| SEE FORMS SCHEDULE - MDIL 1001 |