



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2025

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 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 Pro-Builders Insurance Agency 2865 Sunrise Blvd, Ste.110 Rancho Cordova CA 95742	CONTACT NAME: Cindy Cardenas		
	PHONE (A/C, No, Ext): (800)823-6415	FAX (A/C, No): (818)465-9468	
	E-MAIL ADDRESS: support@insureprobuilders.com		
INSURED GUTTER CITY LLC 447 SUTTER ST STE 405 SAN FRANCISCO, CA 94108	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: CONTRACTORS BONDING AND INSURANCE COMPANY		37206.
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY			CKA0534581	01/16/2025	01/16/2026	EACH OCCURRENCE	\$1,000,000
☒	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
☐	CLAIMS-MADE	☒	OCCUR				MED EXP (Any one person)	\$5,000
☐							PERSONAL & ADV INJURY	\$1,000,000
☐							GENERAL AGGREGATE	\$2,000,000
☐							PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
☒	POLICY	☐	PRO-JECT	☐	LOC			\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
☐	ANY AUTO						BODILY INJURY (Per person)	\$
☐	ALL OWNED AUTOS	☐	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
☐	HIRED AUTOS	☐	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
☐								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
☐	EXCESS LIAB	☐	OCCUR				AGGREGATE	\$
☐		☐	CLAIMS-MADE					\$
☐	DED	☐	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☒ WC STATUTORY LIMITS	OTH-ER
☐	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	☐	Y/N				E.L. EACH ACCIDENT	\$1,000,000
☐	If yes, describe under DESCRIPTION OF OPERATIONS below	☐	Y	N/A			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
☐							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

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

Delcinia Velasquez

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