

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2018

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 liquid such endorsement(s).

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PRODUCER						CONTACT Jose Herrera					
United Western Insurance Brokers						PHONE (626) 397-4700 FAX (A/C, No): (626) 683-7682					
525 Cordova St., 2nd Floor						(A/C, NO, EXT): (A/C, NO): (A/C,					
					ADDRES		CUDED(C) AFFOR	DINC COVERACE		NAIC#	
Pasadena CA 91101						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: State Compensation Ins. Fund 35076					
INSURED						INSURER B:					
Sterling Asset Recovery, Inc.						INSURER C :					
	17216 Saticoy St. #426				INSURER D:						
						INSURER E :					
Van Nuys			CA 91406			INSURER F:					
•			TIFICATE NUMBER: 18-19			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   ADDL SUBR						POLICY EFF   POLICY EXP					
LTR	COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
								DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
	OFFINI ACCRECATE LIMIT APPLIES DED							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							FACIL OCCUPRENCE			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION	N/A						➤ PER OTH-ER	, a		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N					07/15/2018	07/15/2019	E.L. EACH ACCIDENT	<sub>\$</sub> 1,00	00,000	
Α	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)			906918918				E.L. DISEASE - EA EMPLOYEE	_	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	DECORITION OF CLEARIONS BEIOW							E.E. DIGEAGE - I GEIGT EIWIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	cace is required)				
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Coverages						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						Wirls Lathan					
<b> </b>						Wich Lalsham					