

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2022

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 confor rights to the certificate holder in liquid found and respect (c)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER CONTACT NAME: Xavier Quan												
David E. Quan Agency						PHONE (A/C, No, Ext): (510) 653-8880 FAX (A/C, No): (510) 653-0636						
PO Box 3540						E-MAIL ADDRESS: xquan@dquanagy.com						
					7122112		SURER(S) AFFOR	DING COVERAGE			NAIC#	
Oakland CA 94609						INSURER A: Mt. Hawley Insurance Company					37974	
INSURED						INSURER B: State National Insurance Company					12831	
MAVEN MAINTENANCE, INC												
12455 Dunbar Rd					INSURER C:							
	12455 Duribar Ku				INSURER D:						<u> </u>	
	Oles Elles			04 05440	INSURER E :						 	
Glen Ellen				CA 95442	INSURER F:							
_				NUMBER: CL221222049	1(21)0101111011121							
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			DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
COMMERCIAL GENERAL LIABILITY			1112		(MIM/DD/1111)		(11111)	EACH OCCURRENCE \$ 1,000			0,000	
	CLAIMS-MADE OCCUR					11/01/2022	11/01/2023	DAMAGE TO RENT	ED	\$ 50,0	00	
Α	CLAIIVIS-IVIADE CCCOR							PREMISES (Ea OCCUITETICE) \$		φ ·		
				MGL0196362				1 OC		0,000		
, ,				WG20100002				PERSONAL & ADV INJORT \$		0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2.00				
	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	φ .	0,000	
	OTHER:		<u> </u>					COMBINED SINGLE	ELIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$ 1,00	0,000	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
В	OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED AUTOS ONLY			NXTX4JF4RT-00-CA		02/08/2022	02/08/2023	BODILY INJURY (Pe		\$		
								PROPERTY DAMAG (Per accident)	GE .	\$		
	\mathbf{X}							,		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$		
	DED RETENTION \$							7.00.1.207.1.2		\$		
	WORKERS COMPENSATION		\vdash					PER STATUTE	OTH- ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under										•		
								E.L. EACH ACCIDENT \$				
								E.L. DISEASE - EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below		+-					E.L. DISEASE - POL	LICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-			=	-	pace is required)					
Cer	ificate holder is additionally insured with req	gards	to the	general liability when required	d by con	tract.						
General contractor license# 881403												
CERTIFICATE HOLDER CANCELLATION												
Evidence of Insurance						O, MOLLE, MOIT						
						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							
 						N 9						