		FIF		ATE OF LIA	BII		SURA			(MM/DD/YYYY)	
IM IN										/30/2014	
C B R	HIS CERTIFICATE IS ISSUED AS A M/ ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSUI EPRESENTATIVE OR PRODUCER, AI	ELY RAN(ND T	OR NE CE DOI HE CE	EGATIVELY AMEND, EX ES NOT CONSTITUTE A RTIFICATE HOLDER.		OR ALTER T	HE COVERA EEN THE IS	GE AFFORDED BY THE SUING INSURER(S), AU	POLIC	CIES	
th	IPORTANT: If the certificate holder is te terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain po								
PRO	DUCER		. ,		CONTAC NAME:	СТ					
Joseph D Walters Insurance 4552 Route 51 South Belle Vernon, PA 15012						PHONE (A/C, No, Ext): 800.878.3808 E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURE	M		ts Bay Ins Co		22306	
INSURED K C Power Clean, Kristopher Cook DBA						INSURER B :					
2500 E Imperial Hwy						INSURER C :					
Ste 201 #385					INSURER D :						
	Brea, CA 92821					INSURER E :					
						INSURER F :					
COVERAGES CERTIFICATE NUMBER: 7/13-14											
	HIS IS TO CERTIFY THAT THE POLICIES (OLICY	PERIOD	
C E	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	RTAI POLI	N, THE CIES. L	INSURANCE AFFORDED E	BY THE	POLICIES DE	SCRIBED HEF PAID CLAIMS.	REIN IS SUBJECT TO ALL 1			
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY			ODW914	42003	07/10/2013		EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
Α								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$		
	ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
									\$		
	X UMBRELLA LIAB X OCCUR			ODW914	42003	07/10/2013	07/10/2014	EACH OCCURRENCE	\$	3,000,000	
Α	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	3,000,000	
	DED X RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (/	Attach AC	CORD 101, Additional Remarks S	Schedule,	if more space is	required)				
CE	RTIFICATE HOLDER				CANCELLATION						
					THE I		E THEREOF, NO	IBED POLICIES BE CANCELLED DTICE WILL BE DELIVERED IN DVISIONS.	BEFORE	1	
AUTHORIZED REPRESENTATIVE										.	

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