

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/28/2015

**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).**

<b>PRODUCER</b> Citadel Insurance Services, LC 826 E State Rd, Suite 100 American Fork, UT 84003	<b>CONTACT NAME:</b> Will Colton <b>PHONE:</b> 801-610-2713 <b>FAX:</b> <b>EMAIL ADDR:</b> wcolton@citadelus.com <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center; border: none;">NAIC</td> </tr> <tr> <td style="border: none;">INSURER A : Great American E&amp;S Insurance Company</td> <td style="border: none; text-align: center;">37532</td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	NAIC	INSURER A : Great American E&S Insurance Company	37532
<b>INSURER(S) AFFORDING COVERAGE</b>	NAIC				
INSURER A : Great American E&S Insurance Company	37532				
<b>INSURED</b> Apple Home Inspection  731 Howard St. Marina del Rey, CA 90292	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>				

**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
	<b>GENERAL LIABILITY</b>			PL 3306985-2255	6/1/2015	6/1/2016	EACH OCCURRENCE      \$300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (EA OCCURRENCE)      \$100,000
A	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP(ANY ONE PERSON)      \$5,000
							PERSONAL & ADV INJURY      \$300,000
							GENERAL AGGREGATE      \$300,000
							PRODUCTS-COMP/OP AGG      \$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per Person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED      RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>						WC Statutory LIMITS      OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	<b>Professional (E&amp;O)</b>			PL 3306985-2255	6/1/2015	6/1/2016	Per Claim Limit      \$300,000 Aggregate      \$300,000

**DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space if required)**  
 Insured Inspector: Jeffrey Carlisle

<b>CERTIFICATE HOLDER</b>  Proof of Insurance	<b>CANCELLATION</b> 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 Anthony Eardley
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**CONFIRMATION OF COVERAGE - BINDER**

**Contact:** Jeffrey Carlisle  
**Insured:** Apple Home Inspection  
 731 Howard St.  
 Marina del Rey, CA 90292

**Policy #** PL 3306985-2255  
**Renewal of PL** 1943947-2162

This binder described herein is being provided to the applicant on behalf of a non-admitted carrier. The binder is a summation of the limits, terms, coverage, and conditions all of which are superseded by the actual policy when issued.

**Binder Period from** 12:01 AM 6/1/2015 to 12:01 AM 7/1/2015

Policy is effective from 12:01 AM 6/1/2015 to 12:01 AM 6/1/2016.

This is to certify that in accordance with your instructions, Citadel Insurance Services, LC has bound coverage with:

**CARRIER:** Great American E&S Insurance Company

**COVERAGE:** General Liability / Professional Liability – Claims Made

**LIMITS:**

- \$300,000 Aggregate Limit
- \$300,000 Products / Completed Operations Aggregate Limit
- \$300,000 Personal & Advertising Injury Limit
- \$300,000 Each Occurrence Limit
- \$100,000 Fire Damage Limit
- \$5,000 Medical Payment Limit
- \$300,000 Professional Liability – Each Claim Limit
- \$300,000 Professional Liability – Aggregate Limit

**DEDUCTIBLES:**

- \$250 Per Claim – General Liability
- \$2,500 Per Claim – Professional (E&O) Liability

**RETRO Date:** 6/1/2013 Requires a Copy of Prior Declarations Page for Verification

NA Commercial Crime Coverage Limit  
 NA Commercial Inland Marine Coverage Limit

**OPTIONAL COVERAGES:**

	Mold Inspections		Carbon Monoxide Inspections
	Termite Inspections		Wind Mitigation Inspections
	Septic System Inspections		Code Inspections
	Pool and Spa Inspections		WA Extending Reporting Endorsement
	Lead Inspections		Independent Contractors
	Radon Inspections		Mortgage Field Services
	EIFS Inspections	X	Limited Additional Insured – Referring Party
X	Blanket Additional Insured		

**\*\*Coverage for Mold and EIFS is conditional to proof of an active or valid certification.**



**Policy Form(s): AES 3231 – InspectorPro Professional Coverage Form**  
**CG 7400 - Commercial General Liability Coverage Form**

**Defense within the limit**

**Notable Exclusions:** Mold, Wind Mitigation, Mortgage Field Services, Termite/Pest, Carbon Monoxide, Code, Lead Paint, Pool/Spa, Radon, Waste Disposal and Water Purification, Independent Contractors, and EIFS not unless added as an optional coverage and proof of certification or training has been received.

Architects or Engineers Professional Liability, Total Pollution, Intellectual Property, Nuclear Energy Liability, Organic Pathogen, Silica or Related Dust, Employment – Related Practices Exclusion, Absolute Asbestos Exclusion, Lead, Metal Gas, Aircraft Products and Grounding, Employers Liability, Nuclear, Biological, or Chemical Exclusion.

**Description of Operations:** Home Inspector

**NO FLAT CANCELLATIONS ALLOWED**, 25% minimum earned premium applies

**Subjectivities:**

***This BINDER is a temporary insurance contract and expires in 30 days if the subjectivities are not received or the issuance of the policy, whichever occurs first.***

**Payment Details**

Premium:	\$958.00
California Stamping Fee:	\$1.92
California State Tax:	\$28.74
Risk Purchasing Group Fee:	\$700.00
Total:	\$1,688.66

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON STATEMENTS MADE BY YOU OR YOUR RETAIL BROKER, WE HAVE BOUND COVERAGE AT YOUR REQUEST.