

CSIMONDS



DATE (MM/DD/YYYY) 6/5/2024

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 lieu of such endorsement(s).

this certificate does not confer rights t	o the	cert	ificate holder in lieu of su		. ,	·					
PRODUCER				CONTA NAME:	СТ						
Arroyo Insurance Services, Inc.					PHONE (A/C, No, Ext): (626) 799-9532 FAX (A/C, No): (626) 623-6135						
2700 E. Foothill Blvd., Suité 302 Pasadena, CA 91107				E-MAIL ADDRE	ss: carmelet	teb@arroy	oins.com	. (, -, -,	•		
,				7.22			RDING COVERAGE			NAIC#	
				INCLIDE	RA:James I					12203	
INSURED				INSURE		tivoi illoui	unoc 50.			12200	
				INSURE							
Partnership Painting Inc 25 Fulton Ave.				INSURE							
Pasadena, CA 91107											
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			E NUMBER:	LIANCE D	EEN ICCLIED T		REVISION NUI			LICY DEDICE	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WI	TH RESPE	CT TC	WHICH THIS	
INSR TURE OF INCURANCE	ADDL	SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT	e		
TR TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY		WVD	FOLICI NUMBER	TNUMBER		(MM/DD/YYYY)				1,000,000	
CLAIMS-MADE X OCCUR			001444751		6/1/2024	6/1/2025	DAMAGE TO RENT	ED	\$	50,000	
CEAINIG-INIABE X CCCCIN			001444751		0/1/2024	0/1/2023	PREMISES (Ea occ	<i>'</i>	\$	5,000	
							MED EXP (Any one	' '	\$	1,000,000	
							PERSONAL & ADV		\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	1,000,000	
OTHER:							COMBINED SINGL	E LIMIT	\$	1,000,000	
ANY AUTO							(Ea accident)		\$		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P				
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (P PROPERTY DAMA		\$		
AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
UMPDELLA LIAR OCCUP									\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$		
	+						AGGREGATE		\$		
DED RETENTION \$							PER	OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
If yes, describe under							E.L. DISEASE - EA		\$		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Additional Insured in favor of Baldwin Real	ELES (A	ACORI te Ma	D 101, Additional Remarks Schedu nagement per policy provi	le, may b SIONS.	e attached if mon	e space is requir	ed)				
CERTIFICATE HOLDER					CANCELLATION						
Baldwin Real Estate Management 50 E Foothill Blvd., Suite 200 Arcadia, CA 91006					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						
				. \	- Y-						

POLICY NUMBER: 5057-3753-03

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations				
Any person or organization to whom the Named Insured has agreed by a fully executed written contract that such person or organization be added as an Additional Insured, but only with respect to operations performed by or on behalf of the Named Insured and only with respect to occurrences subsequent to the making of such fully executed written contract otherwise covered by this insurance.	Where specified by fully executed written contract.				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

 All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

POLICY NUMBER: 5057-3753-03

- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.