



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2019

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PRODUCER Capital Providers Insurance License #0H52316 20750 Ventura Blvd., Ste 305 Woodland Hills CA 91364	CONTACT NAME: Raymond Shults-Fitze PHONE (A/C, No, Ext): (818) 676-0016 E-MAIL ADDRESS: ray@cpisgroup.com	FAX (A/C, No): (818) 676-0015
	INSURER(S) AFFORDING COVERAGE	
INSURED Top Notch Services, LLC 31127 Via Colinas Suite 807 Westlake Village CA 91362	INSURER A: Scottsdale	
	INSURER B: AmGuard Insurance Company	
	INSURER C: CompWest Insurance Company	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 41297

COVERAGES **CERTIFICATE NUMBER:** 19-20 A/18-19 WC & GL **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS3148150	04/26/2019	04/26/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TOAU000667	04/26/2019	04/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCV550229201	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE	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 

ADDITIONAL COVERAGES

Ref #	Description Non Owned CSL	Coverage Code NOCSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Medical payments	Coverage Code MEDPM	Form No.	Edition Date	
Limit 1 1,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Hired/borrowed	Coverage Code HRDBD	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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PRODUCER		CONTACT NAME: Raymond Shults-Fitze	
Capital Providers Insurance		PHONE (A/C, No, Ext): (818) 676-0016	FAX (A/C, No): (818) 676-0015
License #0H52316		E-MAIL ADDRESS: ray@cpisgroup.com	
20750 Ventura Blvd., Ste 305		INSURER(S) AFFORDING COVERAGE	
Woodland Hills CA 91364		INSURER A: Scottsdale	NAIC # 41297
INSURED		INSURER B: AmGuard Insurance Company	
Top Notch Services, LLC		INSURER C: CompWest Insurance Company	
31127 Via Colinas Suite 807		INSURER D:	
Westlake Village CA 91362		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 19-20 A/18-19 WC & GL

REVISION NUMBER:

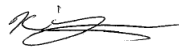
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		CPS3148150	04/26/2019	04/26/2020	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000	
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000	
B	AUTOMOBILE LIABILITY			TOAU000667	04/26/2019	04/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB						Uninsured motorist \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB						COMBINED SINGLE LIMIT EACH OCCURRENCE \$	
	DED						RETENTION \$	AGGREGATE \$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WCV550229201	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

GK Management Co, Inc., Prestige Shores, Inc. and the Ownership Entity of their Owned or Management Properties have been included as an additional insured on the general liability policy solely in regard to work/service provided by the named insured.

CERTIFICATE HOLDER**CANCELLATION**

GK Management Co., Inc. c/o Compliance Depo P.O. Box 115006 Carrollton TX 75011	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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	INSURER(S) AFFORDING COVERAGE	
INSURED Top Notch Services, LLC 31127 Via Colinas Suite 807 Westlake Village CA 91362	INSURER A: Scottsdale NAIC # 41297	
	INSURER B: AmGuard Insurance Company	
	INSURER C: CompWest Insurance Company	
	INSURER D:	
	INSURER E:	

COVERAGES

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mary Ellen and Bruce Wisnicki are named as additional insured

CERTIFICATE HOLDER**CANCELLATION**Mary Ellen and Bruce Wisnicki
728 12th Street

Santa Monica

CA 90402

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AUTHORIZED REPRESENTATIVE

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	INSURER C: CompWest Insurance Company	
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Certificate holders listed below are listed as additional Insureds to the above policies.

CERTIFICATE HOLDER

CANCELLATION

Nasch Westlake Commerce Center LP, Nasch Properties LLC Greenbrier Properties, Inc. 5655 Lindero Canyon Road, #521 Westlake Village CA 91362	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 
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