

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIWDD/YYYY) 10/14/2013

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

	nd conditions of the policy colder in lieu of such endo			ndorse	ment. A sta	tement on th	is certificate does no	t confer	rights to the
PRODUCER Insurance Consultants Group, LLC					CONTACT Patty Roach NAME: PHONE 440-730-0566 FAX 440-331-1482				
20	180 Center Ridge Rd			PHONE 440-730-0566 (A/C, No, Ext):			(A/C, No	FAX (A/C, No): 440-331-1482	
Ro	cky River, OH 44116			ADDRES					*1
			INSURER(S) AFFORDING COVERAGE				NAIC#		
			INSURER A: Westfield Insurance Co					24112	
INSURED All Phase Remodeling & Mech		chanicals,	nanicals, Inc.		INSURER B:				
7401 Baldwin Creek Drive				INSURER C:					
Cle	veland, OH 44130				INSURER D:				
9.7					INSURER E:				
				INSURER F:					
COVERAGES CERTIFICATE NUMBER:			NUMBER:	REVISION NUMBER:					
INDICATED. CERTIFICATE EXCLUSIONS	ERTIFY THAT THE POLICIES NOTWITHSTANDING ANY REC MAY BE ISSUED OR MAY F AND CONDITIONS OF SUCH P	QUIREMENT, PERTAIN, THE OLICIES, LIM	TERM OR CONDITION OF A	ANY COI BY THE	NTRACT OR (POLICIES DE CED BY PAID	OTHER DOCUM SCRIBED HER CLAIMS.	IENT WITH RESPECT TO	WHICH	THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MIW/DD/YYYY)	POLICY EXP (MIM/DD/YYYY)	LIN	NITS	
A GENERAL LI	ABILITY		CWP6284036	1	07/06/2013	07/06/2014	EACH OCCURRENCE	\$	1,000,000
√ comme	RCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
GENL AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG	\$	2,000,000
POLICY	PPO						THOSE OF COMPONENTS	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident		
AUTOS AUTOS HIRED AUTOS AUTOS AUTOS							PROPERTY DAMAGE	\$	
HIRED A	AUTOS AUTOS						(Per accident)	\$	
LIMPPE	ELLA LIAB OCCUR						EAGU GOOL EDENGE		
EXCES	OCCOR						EACH OCCURRENCE	\$	
EXCES	CDAINS-IVADE	4					AGGREGATE	\$	
DED	RETENTION \$						WC STATIL OT	\$	
	OMPENSATION YERS' LIABILITY Y / N						WC STATU- OTI TORY LIMITS E	3	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	E \$	
DESCRIPTIO	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
19									
DESCRIPTION OF C	PERATIONS / LOCATIONS / VEHICLE	S (Attach ACOR	D 101, Additional Remarks Schedu	ule, if more	space is required)		V.	

CERTIFICATE HOLDER	CANCELLATION
West Construction Mike West	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 Patty M. Roach