



Salmen Insurance Services, Inc.

6170 Innovation way, Carlsbad, CA 92009
Fax: 866-203-9953 / Email: certificates@premieragencyservices.com



"It's Service After the Sale That Counts"

February 15, 2016

Property Punchout Solutions LLC
P.O. Box 82349
Riverdale, GA 82349

Regarding: Carrier Name: Preferred Contractors Ins Co.
Policy Type: General Liability
Policy Number: PCIC5014-PCACM559558
Policy Period: 2/11/2016 to 2/11/2017

Salmen Insurance Services would like to thank you for allowing us the opportunity to provide insurance products and services to you and your company. Please review the attached documents and advise us immediately if any information is incorrect or changes need to be made.

Included:

- Proof of Insurance (Certificate of Liability Insurance) – This is for your files.
- Certificate Request Form – This form must be used to request any third-party-specific certificates which you may need throughout the policy year. This form will allow us to respond to your certificate requests quickly & accurately. Please send this request form to certificates@premieragencyservices.com or Fax to (866) 203-9953. All requests will be processed within 24 hours.

A full copy of your policy will be mailed to the address we have on file, within 2-4 weeks, or, as soon as we have received your policy from the carrier. Note, however, that the carrier may only send a full copy of your policy to you directly, so please notify our office if you have not received within the above time-frame. If you would like to order a copy of your policy in an electronic format, please send your request, in writing, to: service@premieragencyservices.com. Additionally, it is very likely your carrier will conduct a phone inspection to confirm specific details about your operations that was provided on the policy application. If you have any questions concerning the inspection, please contact your broker.

Remember, Salmen Insurance is a full service agency capable of handling all your commercial insurance needs. Our focus is primarily with building contractors to provide all types of coverage's specific to the construction industry. We work closely with more than 20 different insurance markets so that we can satisfy your specific coverage need:

- General Liability
- Property
- Excess Liability
- Fleet Commercial
- Builders Risk (COC)
- Workers Compensation
- Structural Home Warranty
- Bonds

We pride ourselves in our ability to provide timely and responsive customer service. Feel free to contact our office if you have any questions about your coverage or other insurance products that you may need.

Thank You,

Customer Service Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2016

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).

PRODUCER Salmen Insurance Services, Inc. 6170 Innovation Way Carlsbad CA 92009	CONTACT NAME: Customer Service Department PHONE (A/C, No. Ext): (866) 872-5636 E-MAIL ADDRESS: certificates@premieragency.com	FAX (A/C, No.): (866) 203-9953
	INSURER(S) AFFORDING COVERAGE	
INSURED Property Punchout Solutions LLC P.O. Box 82349 Riverdale GA 82349	INSURER A: Preferred Contractors Insurance Co.	NAIC # 12497
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** GL Master 16-17 **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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCIC5014-PCACM559558	2/11/2016	2/11/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Subject to all policy terms, exclusions and conditions

CERTIFICATE HOLDER Verification of Coverage	CANCELLATION 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 Phillip Salvagio/MP <i>Phillip Salvagio</i>