

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>McGriff Insurance Services LLC</b> 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	CONTACT NAME: <b>Commercial Client Center 888-743-2217</b>
	PHONE (A/C, No, Ext): <b>888 743-2217</b> FAX (A/C, No): <b>8888279861</b>
	E-MAIL ADDRESS: <b>ClientServiceCenter@mcgriff.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>James River Insurance Company</b> NAIC # <b>12203</b>
	INSURER B : <b>Lloyds Syndicate 623</b>
	INSURER C : <b>Admiral Insurance Company</b> <b>24856</b>
	INSURER D : <b>California Automobile Insurance Company</b> <b>38342</b>
	INSURER E :
	INSURER F :

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>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>Ded: \$5,000 per occ</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>001419941</b>	<b>04/15/2024</b>	<b>04/15/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>1,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>D</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>BA040000058760</b>	<b>04/30/2024</b>	<b>04/30/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>001422211</b>	<b>04/15/2024</b>	<b>04/15/2025</b>	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Sexual Misconduct</b>			<b>MR249544</b>	<b>07/08/2024</b>	<b>07/08/2025</b>	<b>See Description</b>
<b>C</b>	<b>Professional Liability</b>			<b>EO00006018602</b>	<b>06/24/2024</b>	<b>06/24/2025</b>	<b>See Description</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\* Supplemental Name \*\***  
**American Engineering Laboratories Inc**  
**CAL GPR**  
**California Construction Services**  
  
**(See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>Cal GPR, Inc.</b> 205 W. La Habra Blvd. La Habra, CA 90631	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 <i>Sarah Murray</i>

## DESCRIPTIONS (Continued from Page 1)

**\*Sexual Misconduct Policy #: MR249544\***

**\$1,000,000 Limit in the aggregate during the policy period for all claims brought by or on behalf of each victim.**

**\$1,000,000 Limit in the aggregate during the policy period for all claims brought by or on behalf of all victims.**

**\$75,000 Limit in the aggregate during the policy period for all safeguard costs resulting from all circumstances.**

**Retention: \$25,000 each Victim.**

**Retroactive Date: 07/08/2022**

**Pending or Prior Litigation Date: 07/08/2022**

**\*\*Professional Liability - Pol.# EO00006018602\*\***

**Architects & Engineers Professional Liability-Claims Made**

**\$1,000,000 Limit Each Claim**

**\$1,000,000 Aggregate Limit**

**Deductible: \$25,000 Per Claim Including Expenses**

**Retroactive Date: 6/24/2005**

**\$2,000,000 Aggregate Limit effective 10/09/2024 (Retroactive Date: 10/09/2024)**