



87 Oxford Street
 The Equitable Cooperative Bank Building
 Lynn, MA 01901

INVOICE

Customer	Cal-Pro Real Estate Inspections 4948
Date	12/18/2019
Customer Service	John Remark John Remark
Page	1 of 1

Cal-Pro Real Estate Inspections
 14006 Raphael Ave
 Bakersfield, CA 93306

Payment Information	
Invoice Summary	\$2,637.79
Payment Amount	
Payment for:	Invoice# 72463
RBS0032344	

Thank You

Please detach and return with payment

Customer: Cal-Pro Real Estate Inspections

Invoice	Effective	Transaction	Description	Amount
72463	12/18/2019	New Policy	Policy #RBS0032344 12/18/2019-12/18/2020 Scottsdale Insurance Co	
			Brokerage Fee - New Policy	\$50.00
			California Stamping Fee - New Policy	\$5.11
			California State Tax - New Policy	\$76.68
			Home Inspectors Errors & Omissions - New Policy	\$2,306.00
			Policy Fee - New Policy	\$200.00
			Thank you for your credit card down payment of \$846.99 The balance will be financed through TPF 844-292-9090	
				Total
				\$2,637.79
				Thank You

Please Remit To:

First Indemnity Insurance Agency, Inc. 87 Oxford Street The Equitable Cooperative Bank Building Lynn, MA 01901	781-581-2500	Date
		12/18/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2019

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 First Indemnity Insurance Agency, Inc. 87 Oxford Street Lynn, MA 01901	CONTACT NAME: John Remark PHONE (A/C, No, Ext): 202-465-4306 FAX (A/C, No, Ext): 202-478-0856 E-MAIL ADDRESS: john@homeinspectorliability.com																				
	<table border="1"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Scottsdale Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Scottsdale Insurance Co		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURERS AFFORDING COVERAGE		NAIC #																			
INSURER A:	Scottsdale Insurance Co																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Cal-Pro Real Estate Inspections 14006 Raphael Ave Bakersfield, CA 93306																					

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A	GENERAL LIABILITY			RBS0032344	12/18/19	12/18/20	EACH OCCURANCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$1,000
							PERSONAL & AND INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
							Fire	\$100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURANCE	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					AGGREGATE	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Home Inspectors Errors & Omissions			RBS0032344	12/18/19	12/18/20	Each Claim:	\$1,000,000
							General Aggregate:	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)

Prior acts 12/18/2000

CERTIFICATE HOLDER**CANCELLATION**

insured	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND TO THE INSURER, ITS AGENTS OR REPRESENTATIVES
	AUTHORIZED REPRESENTATIVE 