



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
04/28/2022

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER Gary Critchfield Insurance Agency Inc 595 W Lambert Rd. Ste 211 Brea CA 92821	CONTACT NAME: Gary Critchfield PHONE (A/C, No, Ext): (714) 990-5770 E-MAIL ADDRESS: gary@garycritchfield.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): (714) 252-4151
	INSURER(S) AFFORDING COVERAGE	
INSURED SOCAL CONCRETE CLEANERS LLC 41110 SANDALWOOD CIC SUITE 109 MURRIETA CA 92562	INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178	
	INSURER B:	
	INSURER C:	
	INSURER D:	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2005	MAKE / MANUFACTURER GMC/CHEVY	MODEL W5S042	BODY TYPE FLAT BED	VEHICLE IDENTIFICATION NUMBER J8DE5B16957903444
DESCRIPTION 16FT FLAT BED TRUCK		VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	750298-01	04/28/2022	04/28/2023	COMBINED SINGLE LIMIT	\$ 1,000,000
		<input type="checkbox"/> GENERAL LIABILITY				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> OCCURRENCE				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> CLAIMS MADE				PROPERTY DAMAGE	\$
						EACH OCCURENCE	\$
						GENERAL AGGREGATE	\$
							\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A		<input checked="" type="checkbox"/> VEH COLLISION LOSS	750298-01	04/28/2022	04/28/2023	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	750298-01	04/28/2022	04/28/2023	<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> EQUIPMENT				<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
						<input type="checkbox"/>	\$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE
	LOAN / LEASE NUMBER
	AUTHORIZED REPRESENTATIVE <i>CJAN DANFOLCO</i>

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