



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2013

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 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 Prentiss Insurance Services COCIA - Anaheim 4560 E. Eisenhower Circle Anaheim CA 92807-1823		CONTACT NAME: BRIAN MESSENGER PHONE (A/C, No, Ext): (714) 777-2100 FAX (A/C, No): (714) 777-2107 E-MAIL ADDRESS: BrianM@BIZINS.com PRODUCER CUSTOMER ID #: Thorpe Construction, Inc.	
INSURED Thorpe Construction, Inc. 4563 E. Eisenhower Circle Anaheim CA 92807-		INSURER(S) AFFORDING COVERAGE	
		INSURER A	NAVICATORS SPECIALTY INSURANCE 36056
		INSURER B	AMERICAN ECONOMY INSURANCE CO 19690
		INSURER C	NATIONWIDE MUTUAL INSURANCE CO 23787
		INSURER D	RSUI INDEMNITY COMPANY 41297
		INSURER E	EVEREST NATIONAL INSURANCE CO 10120
		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
A	GENERAL LIABILITY	Y	Y	LA11GCL017198-02	02/28/2013	02/28/2014	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	
	<input checked="" type="checkbox"/> \$2,500 Deductible				/ /	/ /	
	GENL AGGREGATE LIMIT APPLIES PER:				/ /	/ /	
	POLICY <input checked="" type="checkbox"/> PROJECT LOC				/ /	/ /	
B	AUTOMOBILE LIABILITY	Y		02-CE-209948-4	07/17/2012	07/17/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input checked="" type="checkbox"/> ANY AUTO				/ /	/ /	
	ALL OWNED AUTOS				/ /	/ /	
	SCHEDULED AUTOS				/ /	/ /	
	<input checked="" type="checkbox"/> HIRED AUTOS				/ /	/ /	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				/ /	/ /	
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		NHA23246	02/28/2013	02/28/2014	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE				/ /	/ /	
	DEDUCTIBLE				/ /	/ /	
	RETENTION \$				/ /	/ /	
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7600005707121	08/06/2012	08/06/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L EACH ACCIDENT \$ 1,000,000 E.L DISEASE - EA EMPLOYEE \$ 1,000,000 E.L DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A		/ /	/ /	
	If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	
C	Bus. Pers. Property			ACP 7843862218	02/28/2013	02/28/2014	Contents/ Ded \$500 280,500 BI-BE 350,000
	Special Forms/RC				/ /	/ /	

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

CERTIFICATE HOLDER () - () - FOR INFORMATION PURPOSES ONLY NO CERTIFICATE HOLDER	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 
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