

LICENSED • SUPERIOR • BUILDERS, INC.



VISIT US ON THE WEB @ LSBUILDERS.ORG

OVER 40 YEARS OF EXPERIENCE ◦
SERVING GREATER LOS ANGELES ◦
LICENSE B & HIC #954855 ◦

WATER DAMAGE RESTORATION THE CLEAN TRUST CERTIFICATION 88118 ◦
EPA RENOVATOR CERTIFICATION #R-1-22015-12-1586 ◦

PRINCIPAL

LIVIOUS S BOGDAN-DUICA IN EXCESS OF 45 YEARS SERVICING THE CONSTRUCTION INDUSTRY AS AN ARCHITECT, REAL ESTATE DEVELOPER, GENERAL CONTRACTOR, CONSTRUCTION FINANCE, MARKETING CONSULTANT AND , CONSTRUCTION FORENSICS WITNESS

CORPORATE ASSOCIATIONS AND CERTIFICATION QUALIFICATIONS

AMERICAN INSTITUTE OF ARCHITECTS

Livius S Bogdan-Duica	AIA Associate Bachelor of Architecture	30074714
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STATE OF CALIFORNIA

GENERAL CONTRACTOR - CLSB

Livius S Bogdan-Duica	License – Personal	# B 820223
Licensed Superior Builders, Inc.	License - Corporate	# B 954855

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

Livius S Bogdan	EPA Renovator Certification	#R-1-22015-12-1586
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INSTITUTE OF INSPECTION CLEANING AND RESTORATION CERTIFICATION

Livius S Bogdan	Water Damage Restoration IICR	#88118
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AMERICAN MOLD INSTITUTE

Livius S Bogdan	Mold Remediation Certification American Mold Institute	#12-10-624
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ACADEMY OF TEXTILES AND FLOORING

Certificate of Completion

Water Damage Restoration
Fire & Smoke Restoration

Livius S Bogdan		11CR Certificate #88118 Issued 119833
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BETTER BUSINESS BUREAU

Licensed Superior Builders, Inc.	Member • A+ RATING	#13203003
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DUN & BRADSTREET

Licensed Superior Builders, Inc.	Member	#079179027
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ACCORD CORPORATION

Insurance (attached)

Coverage:

Licensed Superior Builders, Inc.	General Liability Aggregate	\$5,000,000
	Workers Compensation	\$1,000,000

5042 Wilshire Boulevard #730 • Los Angeles, CA 90036-4305
Tel: 323.549.9838 • Fax: 323.933.5699 • Cell 310.503.3353 • email lsbuilders@att.net



C C Roy Insurance Brokers, Inc.
4309 Hacienda Drive, Suite 380
Pleasanton, CA 94588
RENEW@ccroybrokers.com

License #DF41740
(800) 443-8588
FAX (925) 460-9494
www.ArtisanWC.com

2013-14 RENEWAL INDICATION

8/15/2013

Agent/Broker: **Target Financial & Insurance** targetinsuranceservices.com
Current Policy Number: **WCC 0023135 01**
Renewal Policy Number: **WCC 7019759 00**

Insured: **LICENSED SUPERIOR BUILDERS, INC**
5042 Wilshire Blvd, #730, Los Angeles, CA 90038

Insurer: **PRESERVER INSURANCE COMPANY** a Tower Group Company A.M Best Rating **A-**, Size **X**
5% Renewal COMMISSION

Coverage: **Small Artisan Program – WORKERS' COMPENSATION**

Policy Period: **RENEWAL EFFECTIVE – 09/27/13** for 12 Months

Limits: **\$1,000,000/\$1,000,000/\$1,000,000** CA Statutory
Experience Modification .85
Premium Discount = **\$473.00**

Rating Basis:	CLASSIFICATION	EMPLOYEE PAYROLL	FINAL BILLING RATE
	5432 - Carpentry	\$ 36,400.	\$ 12.93
	5474 - Painting	\$ 52,000.	\$ 20.30

Total Est. Ann. Premium: **\$15,701.00** Includes \$160.00 Expense Constant, \$27.00 Terrorism & \$724.00 CA Fees & Assessments

INSTALLMENT SCHEDULE: Down Payment = \$1,580.10 Eleven (11) Monthly Payments = \$1,294.62 ea

Should YOU, the Broker, collect the Down Payment mail directly to Tower or CALL (877) 883-6599 to pay over-the-phone.

*****Do NOT send Payment to CC Roy Insurance*****

TOWER INSURANCE CO. of NY
P.O. Box 100720
Pasadena, CA 91189-0720

Terms/Conditions: *Subject to Terms and Conditions within the Actual Policy* Minimum Earned Premium is \$920.00
Physical Inspection performed by the carrier within 30 Days
\$25.00 Fee - each - for Cancellation and Reinstatement Policy may NOT be Cancelled FLAT - minimum earned premium applies
Corporate OFFICERS, PARTNERS and SOLE PROPRIETOR (Owner) is **EXCLUDED**

NOT included in Premium ⇒ **WAVIER OF SUBROGATION** SCHEDULED = 5% of project premium OR, \$100. M/P BLANKET = 2% of Policy Premium OR, \$250. M/P
Please allow up to 26 Days for processing of all Endorsements, including Waiver of Subrogation



YES, a RENEWAL ORDER is anticipated RENEW@ccroybrokers.com



Coverage has been placed elsewhere _____
Please send a SIGNED LPR _____ Carrier



NOT Renewing - Coverage No Longer Needed
Please send a SIGNED LPR

A SIGNED LPR must be received to CANCEL this Automatic RENEWAL, or EARNED MINIMUM PREMIUM applies



Broker's Signature of Acceptance

Dated





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2013

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 Target Insurance Services 6630 Flanders Drive San Diego CA 92121		CONTACT NAME: Jeremy Lyons PHONE (A/C No. Ext): (800) 450-8013 FAX (A/C No): (866) 227-3052 xCert E-MAIL ADDRESS: Jeremy@tgfis.com																						
INSURED Licensed Superior Builders, Inc. 5042 Wilshire Blvd. Suite #730 Los Angeles CA 90036		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Prfrd Cntctrs Ins Co Inc</td> <td>12497</td> </tr> <tr> <td>INSURER B:</td> <td>Tower Select Insurance Company</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>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Prfrd Cntctrs Ins Co Inc	12497	INSURER B:	Tower Select Insurance Company		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** GL/WC 2013-2014 Master **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		PCIC5026PCA9112102	8/3/2013	8/3/2014	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 \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCC701975900	9/27/2013	9/27/2014	<input checked="" type="checkbox"/> WC STATU- TOBY LIMITS <input type="checkbox"/> 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

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

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 Carl Savoia/LM

