



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/22/2025

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

PRODUCER	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME:	Simply Business
		PHONE (A/C, No., Ext):	(855) 693-0478
		E-MAIL ADDRESS:	contactus@simplybusiness.com
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Spinnaker Insurance Company	24376
INSURED	Doorgi Garage Doors 1659 Scott Blvd 160 Santa Clara, California 95050	INSURER B:	
		INSURER C:	
		INSURER D:	
		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 INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY		X	Y	HBW4978247XB1	05/01/2025	05/01/2026	EACH OCCURRENCE \$1,000,000			
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR										
										DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000	
										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	
GEN'L AGGREGATE LIMIT APPLIES PER:											
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC											
OTHER:											
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO								BODILY INJURY (Per person)			
OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident)			
HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
UMBRELLA LIAB		OCCUR						EACH OCCURRENCE			
EXCESS LIAB		CLAIMS-MADE						AGGREGATE			
DED <input type="checkbox"/> RETENTION											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N						PER STATUTE	OTHR		
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>		N / A				E.L. DISEASE - EA EMPLOYEE			
								E.L. DISEASE - POLICY LIMIT			
PROFESSIONAL LIABILITY								EACH CLAIM			
								AGGREGATE			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HBW4978247XB1 - CG 20 01 04 13 - PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

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