

FINANCIAL PACIFIC INSURANCE COMPANY
 PO BOX 73909, CEDAR RAPIDS, IA 52407

POLICY NUMBER: 60537453

ACCOUNT NUMBER: 3000371455 (2) COMMERCIAL GENERAL LIABILITY
 DIRECT BILL - 150 **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

ISSUE DATE 02-13-2023 BRT REPLACEMENT OF NEW	DECLARATIONS
NAMED POLAR LITES INSURED JESMON ENTERPRISES INC DBA AND ADDRESS 2430 HARVARD ST SACRAMENTO CA 95815-2720	AGENCY & CODE 440788 INTERWEST INS SERVICES LLC PO BOX 8110 CHICO CA 95927

POLICY 12:01 A.M. Standard time **FROM:** 02-13-2023 **TO:** 02-13-2024
PERIOD: at your mailing address shown above. And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 300,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ 5,000

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
 NONE

BUSINESS DESCRIPTION
FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership Corporation ___ Other ___

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
CA LOC# 01 2429 TOWER AVE SACRAMENTO, CA 95825-1930 ELECTRICAL APPARATUS-INSTALL SERVICING OR REPAIR 92451P) 180,000			14.349	12.796	2583	2303
\$ 1,000 PER CLAIM PROPERTY DAMAGE DEDUCTIBLE APPLIES						
INCREASED DAMAGE TO PREMISES RENTED TO YOU LIMIT CONTINUED ON CG7004						110

PREMIUM BASIS DEFINITIONS a) Area per 1000 sq ft c) Total Cost per \$1000 g) Gallons per 1000 m) Admissions per 1000 p) Payroll per \$1000 s) Gross Sales per \$1000 t) Defined Above u) Units per unit

Premium Charge Forms SEE UW7002	Advance Premium	Premium Charge Forms	Advance Premium
---	------------------------	-----------------------------	------------------------

Other Forms SEE UW7002
Amend Reason

PREMIUM FOR THIS COVERAGE PART \$ 5,240
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.
 (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CG 70 01 02 05 INSURED COPY

12044761

000000 13 00 000006 000430 H

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY – INFORMATION PAGE**

INSURER:

POLICY NO: WSA 5069034 00

INSURANCE COMPANY OF THE WEST

NEW BUSINESS

NCCI Company No: 19593

Account No:

RISK ID #0875648

N.J. Taxpayer Identification No.

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

JESMON ENTERPRISES, INC.

2430 HARVARD STREET

SACRAMENTO CA 95815

PRODUCER NAME AND ADDRESS:

INTERWEST INSURANCE SVCS, LLC

PO BOX 619052

ROSEVILLE CA 95661

PRODUCER NO.: 0011200

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE:

(See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 01-01-2023 To: 01-01-2024

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
CA

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	each accident
Bodily Injury by Disease:	\$ 1,000,000	policy limit
Bodily Injury by Disease:	\$ 1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

**AK AL AR AZ CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD
ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN
TX UT VA VT WI WV**

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$	500	Total Estimated	Annual Premium: \$	30,418
Audit Period: MONTHLY				

Issued At: **Sacramento, CA**

Date: **01-11-23**

Countersigned by _____