CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Re: All Nevada Jobs
This certificate is issued for proof of insurance purposes only.

CERTIFICATE HOLDER

Board of Regents Nevada System of Higher Education
4505 Maryland Parkway
Las Vegas NV 89154

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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INSURED
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3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]	Y		KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re:Project Title: Charleston Heights Community Center Renovation
Bid No.: 15.59806-DC
ITS Account # CLV1302
The City of Las Vegas, its, officers and employees are named as additional insured in respects to the Commercial General Liability and Commercial Automobile Liability policies.

CERTIFICATE HOLDER

City of Las Vegas, its Officers, Employees, and Agents
PO Box 21919
Long Beach CA 90801

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Petitti Pool Repairs
The City and City's employees, officers, Design Consultants, elected officials, Program Manager, Construction Manager, agents, and subconsultants are hereby added as additional insureds insofar as Work done under this contract is concerned. This policy shall be considered primary insurance as respects any other valid and collectible insurance, including self-insured retention, the City my posses, and any other insurance the City does possess shall be considered excess insurance only. This insurance shall act for each insured, and additional insured, as though a separate policy had been written for each. This, however, will not act to increase the limit of liability of the insuring company. Thirty days prior written notice of cancellation shall be given to the City. Such notice shall be sent to the

CERTIFICATE HOLDER
City of Las Vegas

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AUTHORIZED REPRESENTATIVE
MINSH

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COMMENTS/REMARKS

designated Construction Manager.

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INSURED

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Bid No. 604504-17; Russell Campus, Building and Fire Department: Office Tenant Improvements. Clark County, Its Officers, Employees and Volunteers, NV Energy, are insureds with respect to Liability arising out of the activities by or on behalf of the named insured in connection with this project.

CERTIFICATE HOLDER

Clark County Nevada c/o Purchasing and Contracts Division
500 S Grand Central Parkway
PO Box 551217
Las Vegas NV 89155-1217

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

AM Best Ratings:
Insurer A: A+ XV
Insurer B: A IX
The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Clark County Public Works
500 S Grand Central Parkway
Box 55400
Las Vegas NV 89155-4000

CANCELLATION

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement			AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Clark County School District, For Prequalification Only

CERTIFICATE HOLDER

Clark County School District

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

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INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]	Y		KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	~~COMBINED SINGLE LIMIT~~ EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

AM Best ratings:
Insurer A: A+ XV
Insurer B: A IX
SOQ 602952-13; Statement of Qualifications for Nuisance Property and Building Abatement Services. Clark County, its Officers, Employees, and Volunteers, NV Energy, are insureds with respect to liability arising out of the activities by or on behalf of the named insured in connection with this project.

CERTIFICATE HOLDER

Clark County, Nevada c/o Purchasing and Contracts Division
500 South Grand Central Parkwa
PO Box 551217
Las Vegas NV 89155-1217

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]	Y		KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

AM Best ratings:
Insurer A: A+ XV
Insurer B: A IX
Bid No. 603305-14: Childhaven Playground Safety Surfacing and Shade Structure. Clark County, its Officers, Employees, and Volunteers, NV Energy, are insureds with respect to liability arising out of the activities by or on behalf of the named insured in connection with this project.

CERTIFICATE HOLDER

Clark County, Nevada c/o Purchasing and Contracts Division
500 South Grand Central Parkwa
PO Box 551217
Las Vegas NV 89155-1217

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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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y		KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

AM Best ratings:
Insurer A: A+ XV
Insurer B: A IX
Bid No. 603887-15; Russell Campus, Department of Air Quality: Tenant Improvements at 2nd Floor. Clark County, its officers, employees and volunteers, NV Energy, additionally, Cox Communications, Clark County Water Reclamation District (CCWRD), Century Link, are insureds with respect to Liability arising out of the activities by or on behalf of the named insured in connection with this project.

CERTIFICATE HOLDER

Clark County, Nevada c/o Purchasing and Contracts Division
500 South Grand Central Parkwa
PO Box 551217
Las Vegas NV 89155-1217

CANCELLATION

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INSURED

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3470 West Russell Rd.
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Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Re: Charleston Heights Community Center
The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Conclusive Solutions, LLC
2325 Castle Gate Ln.
Vista CA 92084

CANCELLATION

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	~~COMBINED SINGLE LIMIT~~ EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Conclusive Solutions, LLC
2325 Castle Gate LN.
Vista CA 92084

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Re: Las Vegas Family Search Library Stairs
Project #504-6327-17010103
Las Vegas NV East Stake
The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Corporation of the Presiding Bishop of The Church of Jesus Christ of
1308 S. Dobson Road
Mesa AZ 85202

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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
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INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

All Nevada or Arizona jobs except new construction. Corporation of the Presiding Bishop of the Church of Jesus Christ of Latter-day Saints, A Utah Corporation sole is listed as additional insured per the ISO endorsement equivalent to the CG 20 10 attached.

CERTIFICATE HOLDER

Corporation of the Presiding Bishop of the Church of Jesus Christ of
Henderson NV FM Group
301 Cholla St.
Henderson NV 89015

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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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

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INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Corporation of the Presiding Bishop of The Church of Jesus Christ of
Project Management Office
50 E North Temple 4WW
Salt Lake City UT 84150

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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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
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INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement			AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: All Nevada Jobs
This certificate is issued for proof of insurance purposes only.

CERTIFICATE HOLDER

Department of Business and Industry Division of Industrial Relations
1301 N Green Valley Parkway
Suite 200
Henderson NV 89074

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURED

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Gerald D. Butler
2710 E. Patrick Lane
Suite 4
Las Vegas NV 89120

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED

Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y		27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Re: APN: 178-11-810-001, Henderson, NV, 89011
Borrower: Solid State Properties, LLC
The Certificate Holder below and the Borrower have been added as additional insureds. 30 day written notice will be given in the event of a cancellation or Non-Renewal.

CERTIFICATE HOLDER

JP Morgan Chase Bank N.A
P.O Box 6026
Chicago IL 60680

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

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3470 West Russell Rd.
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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Borrower: The Charleston Place, LLC, 3300 &3312 W Charleston Blvd, Las Vegas, NV 89102
The Certificate Holder below and the Borrower have been added as additional insureds. 30 day written notice will be given in the event of a cancellation or Non-Renewal.

CERTIFICATE HOLDER

JP Morgan Chase Bank N.A
PO Box 6026
Chicago IL 60680

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURED
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Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

The Cert Holder :Kiwi II Construction Inc, 28177 Keller Rd. Murrieta, CA 9263,
General Contractor: Sundance Builders 7250 Peak Dr. Las Vegas, NV 89128,
Owner: Towne Storage Ft Apache 1100 E 6600 S #201 Salt Lake City, UT 84121,
and Lender: Bank of Utah 2309 S Redwood Rd. Salt Lake City, UT 84119 are included as Additional Insureds as respects General Liability coverages were required by written contract.
Job: Towne Storage Ft. Apache 6630 S Ft. Apache Rd. Las Vegas, NV 89148

CERTIFICATE HOLDER
Kiwi II Construction, Inc.
28177 Keller Road
Murrieta CA 92563

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
MiNSt

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CERTIFICATE OF LIABILITY INSURANCE

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COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Las Vegas North Outlets, LLC, a Delaware limited liability company, its Managing Agent, Simon Property Group, Inc., and their respective officers, directors, shareholders, members, partners, parents, subsidiaries, related and affiliated entities, agents servants, and employees are hereby named as additional insureds.

CERTIFICATE HOLDER

Las Vegas North Outlets, LLC Las Vegas Premium Outlets - North
Suite 1690
Las Vegas NV 89106

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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CERTIFICATE HOLDER
LV Premium North Outlets

CANCELLATION
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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

Lender and Borrower have been added as an additional insured with a 30-day notice of cancellation clause.

The Lender is: Meadows Bank, 8912 Spanish Ridge Ave Suite 100, Las Vegas, NV 89148

The Borrower is: Freedom Meets, Jeff Pugh, 2955 Westwood Dr. Las Vegas, NV 89109

CERTIFICATE HOLDER

Meadows Bank
8912 Spanish Ridge Ave
Suite 100
Las Vegas NV 89148

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

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INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AM Best ratings:
Insurer A: A+ XV
Insurer B: A IX
The Lender is: Meadows Bank, and JP CRE INVESTMENTS LLC, FREEDOM MEATS INC, and Clark County Public Works are additional insured as to the General Liability

CERTIFICATE HOLDER

Meadows Bank, ISAOA SBA DEPT. #0740 & 0741
8912 Spanish Ridge Ave
Suite 100
Las Vegas NV 89148

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Suite 102
Las Vegas NV 89147

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INSURER E :		
INSURER F :		

INSURED

Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

ND Secretary of State
600 E Blvd. Ave. Dept 108
Bismarck ND 58505

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURED

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Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y		KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Pilot Travel Centers LLC is named as an additional insured on General Liability and Auto Liability policies as required by written contract.
Insured agrees to a blanket waiver of subrogation as required by written contract, for the benefit of Pilot Travel Centers, LLC.

Insured agrees to provide Certificate Holder with 30 days notice of cancellation, non-renewal or change in coverage.

CERTIFICATE HOLDER

Pilot Travel Centers LLC
PO Box 10146
Knoxville TN 37939

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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INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: All Nevada Jobs
This certificate is issued for proof of insurance purposes only.

CERTIFICATE HOLDER

PROOF OF INSURANCE ONLY
****

****

CANCELLATION

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Simon/Chelsea Las Vegas Development, LLC Simon Property Group
60 Columbia Road
Building B, 3rd Floor
Morristown NJ 07960

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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PRODUCER
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

The Certificate Holder below has been added as an additional insured.

CERTIFICATE HOLDER

Simon/Chelsea Las Vegas Development, LLC Simon Property Group,
60 Columbia Road
Building B, 3rd Floor
Morristown NJ 07960

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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INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

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CERTIFICATE HOLDER

State of Nevada Rehabilitation Administration Office
751 Basque Way
Carson City NV 89706

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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INSURED
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3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] [ ]			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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CERTIFICATE HOLDER

Stockbridge Patrick and Mojave LLC c/o Gatski Commercial Real

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURED
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3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

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C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
1800 W. CHARLESTON BLVD.
Las Vegas NV 89102

CANCELLATION

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CERTIFICATE HOLDER

Valley Maintenance Group, LLC
11027 N. 24th Ave STE 701
Phoenix AZ 85029

CANCELLATION

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

EMCOR Facilities Services, Inc. DBA Viox Services, US Bank and their affiliates, directors, officers, representatives, agents, and employees are Additional Insureds on all policies, except Workers Compentation, on a Primary & Non-Contributory basis.

CERTIFICATE HOLDER
Viox Services
15 West Voorhees St.
Cincinnati OH 45215

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
MinSt

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/15/2018

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
Distinctive Insurance Inc.
8375 W Flamingo Rd
Suite 102
Las Vegas NV 89147

CONTACT NAME: Allison Ivie
PHONE (A/C, No, Ext): (702)396-4844 **FAX (A/C, No):** (702)396-4832
E-MAIL ADDRESS: Allison@Distinctive.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ironshore Indemnity Inc	23647
INSURER B :	AmTrust Insurance Company of Kansas	15954
INSURER C :	Mercer Insurance Company	14478
INSURER D :	Safety National Casualty Corp	15105
INSURER E :		
INSURER F :		

INSURED
Monument Construction, Inc
3470 West Russell Rd.
Unit 120
Las Vegas NV 89120

COVERAGES **CERTIFICATE NUMBER:** March 2018 **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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Deductible: $0 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [X] OTHER: Asbestos Abatement	Y		AGS0096302	03/17/2018	03/17/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Asbestos	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			KPP1023857	03/17/2018	03/17/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			27306428	03/17/2018	03/17/2019	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		BAWN16665	03/17/2018	03/17/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Wright Brothers, The Building Company, Eagle LLC and the owner are listed as additionally insured, and the insurance is primary and any insurance maintained by the additional insureds is not-contributory.

CERTIFICATE HOLDER

Wright Brothers, The Building Company, Minot LLC
PO Box 446
Minot ND 58702

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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