INSURANCE PROPOSAL

Prepared For:

AM:PM Restoration and Construction Inc. 6311 BERQUIST AVE WOODLAND HILLS, CA 91367-1510



Ipex Insurance Services 6700 Fallbrook Ave Suite 200 West Hills, CA 91307 P: (818) 208-3008 F: (818) 208-3003

Wednesday, July 17, 2024

This proposal is a summary of coverage options available to you and is not an insurance policy. It does not provide insurance coverage nor does it serve as a contract to provide insurance coverage.

Ipex Insurance Services is located in West Hils, California, and is owned by experienced insurance agents with over 25 years of knowledge in the insurance industry.

We are a independent insurance brokers, who provide personalized insurance coverage for businesses and families throughout Los Angeles County, California and 16 other states. Our team is more than just agents. We are advisors who represent the top rated insurance companies and work with our clients to formulate customized insurance solutions. The insurance policies we offer are customized for each clients needs. Whether you are an individual, a small business owner, or control a medium to large sized company, our commercial insurance specialists can successfully arrange a customized policy to meet your needs.

Reasons to work with Ipex Insurance Services: Customer satisfaction is our #1 priority We have over 25 years of insurance experience and expertise Outstanding customer service Ability to provide the highest level of protection with the most competitive premiums Achievement awards of recognition for excellent sales and leadership We handle all sizes of insurance policies ranging from small to large Quote insurance policies in 16 states Offer the most competitive commercial packages Handle claims in an expedited and efficient manner with the least amount of paperwork

We distinguish ourselves in the industry through our focus on providing the best possible service for our clients and promoting positive relationships with the insurance companies we represent. It is because of this that we can provide meaningful solutions and benefits beyond the offering of most insurance brokers.

Lastly, because we have expertise in all lines of insurance; commercial, personal, benefits and surety, you can be confident that we have the right solution for you.

Agent

Account Manager

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY #	PREMIUM
7/30/2024	7/30/2025	Package - General Liability	Guideone Insurance		ENV562001764-04	\$4,163.62
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADDR	ESS	CITY	STATE	ZIP CODE
1	1	6311 BERQUIST	AVE WOODLAND HILLS	WOODLAND HILLS	CA	91367-1510



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2000000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2000000
PERSONAL & ADVERTISING INJURY	\$1000000
EACH OCCURRENCE	\$1000000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$50000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$
DEDUCTIBLES	
PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS	

Restoration and construction



POLICY SUMMARY

SCHEDULE OF HAZARDS

1

1

LOC#	HAZ#	CLASSIFICATION

Gross

CLASS CODE PREMIUM BASIS

EXPOSURE

95000

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM		7/30/2019	
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$1,000		
TYPE:			
TTPE.			
DEFENSE INCLUDED IN LIMIT			

FIRST DOLLAR DEFENSE



PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/30/2024	7/30/2025	Commercial Package	Guideone Insurance		\$4,163.62
TOTAL:					\$4,163.62
AGENCY FE	ES				
Ipex Service Fe	ee				\$300.00
TOTAL:					\$4,463.62

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Print Name

Title