

MICROFILM

EPermit - 7701 24th St - Minor Permit Application

From: EPermits <epermit@cityofsacramento.org>
To: EPermits <epermit@cityofsacramento.org>
Date: 09/29/2006 9:29 AM
Subject: 7701 24th St - Minor Permit Application
CC: <aspen@emardseht.com>

06 15415

7701 24th St
Minor Permit Application

Thank you for submitting your minor permit application. Below is what you submitted.

Please contact the Help Line at 916-808-5656 if you have any questions or concerns.

Contractor

Name: Emard's EHT
License Number: 876123
Pre-Registered?: Yes
Registration Number: E050033
Address: 5930 Key Ct Ste A
City/State/Zip: Loomis, CA 95650
Phone: 660-1688
Fax:
Email: aspen@emardseht.com

Walker Comp
exp. 10/1/06

Property Owner

Name: Richard Martinez
Address: 7701 24th St
City/State/Zip: Sacramento, CA 95832
Phone: 849-8373

Job Information

Building Type: Residential
Address: 7701 24th St
City/State/Zip: Sacramento, CA 95832
Unit Number:
Contract Price: \$2608
Nature of Work: 125 amp surface mount overhead panel change

This email was sent from the following URL:
<http://www.cityofsacramento.org/dsd/forms/e-permits/>

ACORD CERTIFICATE OF LIABILITY INSURANCE

OF ID D3
DICKS-2

DATE (MM/DD/YYYY)
10/03/06

| PRODUCER Warren G. Bender Co. 4350 Auburn Blvd. #100 P.O. Box 417458 Sacramento CA 95841-7458 Phone: 916-978-8558 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW | | | | | | | | | | | | |
|---|--|-----------------------------|--------|--|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Sward's Electric Home Technicians Inc 5930 Kay Court Suite A Loomis CA 95650 | <table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company of the West</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Insurance Company of the West | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
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| INSURER C: | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSURER ADD'L LTR INSUR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|-------------------------|---|----------------|------------------------------------|-------------------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | .WSA2161577-00 | 10/01/06 | 10/01/07 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 10 Day Cancellation notices apply for non payment of premium / RE: License # 876123

CERTIFICATE HOLDER

Contractors State License Board
 P O Box 26000
 Sacramento CA 95826

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Warren G. Bender

ACORD 25 (2001/08)

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