



Regulatory Office 505 Eagleview Blvd., Suite 100 Dept: Regulatory Exton, PA 19341-1120 Telephone: 800-688-1840

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE: Indian Harbor Insurance Company

POLICY NO.: ESG005386302 RENEWAL OF: ESG005386301

Named Insured: LA STEEL SERVICES INC.

Address: 1180 OLYMPIC DRIVE SUITE 108

City/State/Zip: CORONA CA 92881

Policy Period:

From: March 6, 2021 To: March 6, 2022

at 12:01 A.M., Standard Time at your mailing address shown above.

Business Description: BRIDGE OR ELEVATED HIGHWAY CONSTRUCTION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.										
PREMIUM										
Commercial Property Coverage Part	\$									
Commercial General Liability Coverage Part	\$	97,779.00								
Commercial Crime Coverage Part	\$									
Commercial Inland Marine Coverage Part	\$									
Commercial Automobile Coverage Part	\$									
Boiler and Machinery Coverage Part	\$									
Taxes/Surcharges	\$	0.00								
Inspection Fee	\$	0.00								
Policy Premium:	\$	97,779.00								
Premium for Certified Acts of Terrorism:	\$	Excluded								
Premium for Non-Certified Acts of Terrorism:	\$	Excluded								

Surplus Lines Tax: \$2,933.37 Stamping Fee: \$244.45

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: ESG005386302 Effective Date: 03/06/21 ,**

12:01 A.M., Standard Time

LIMITS	S OF INSURANCE										
Genera	eneral Aggregate Limit \$2,000,000										
Products - Completed Operations Aggregate Limit					\$2,000,000						
	onal and Advertising Injury Limit \$1,000,000 Any one Person or Organization										
	ccurrence Limit					000,000					
	e to Premises Rented to You Limit					\$50,000 Any One					
	I Expense Limit				E	xcluded Any one	Person or Organiz	ation			
	OACTIVE DATE (CG 00 02 only)										
This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: None											
BUSINESS DESCRIPTION Form of Business											
✓ Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Co)											
Duoino							o				
PREM		/ateu ni	ghway Constru	ICUO	1						
Loc	Classification	Class	Premium		Ra	ote .	Advance	Premium			
No.	Olassincation	Code	Base	F	rem/Ops	Prod/Co Op	Prm/Ops	Prod/Co Op			
	Daides as Flavorte dellishore Construction				-	·					
001	Bridge or Elevated Highway Construction- iron or steel	91265	\$ 13,000,000 Gross Sales	\$	7.5215	Inc	\$ 97,779	Inc			
001	Contractors - Subcontracted Work - UNINSURED OR UNDERINSURED	91585c	If Any Total Cost	\$	50.0000	Inc	Subject to Audit	Subject to Audit			
001	Employee Benefits	92100	1 Units		Inc	Inc	Inc	Inc			
Policy	Subject to Audit				Total Adva	nce Promium:	¢07 770	1			
Premium Base: Admissions (per 1,000 Admissions) Area (per 1,000 Square Feet) Each Cost (per \$1,000 Fremium: \$97,779 Total Advance Premium: \$97,779 Total Cost (per \$1,000 Total Cost) Units Payroll (per \$1,000 Payroll)											