



Regulatory Office
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COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE: Indian Harbor Insurance Company

POLICY NO.: ESG005386301

RENEWAL OF: ESG005386300

Named Insured: LA STEEL SERVICES INC.
Address: 1760 CALIFORNIA AVE # 201
City/State/Zip: CORONA CA 92881

Policy Period:
From: March 6, 2020 To: March 6, 2021
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	\$	87,500.00
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:	\$	87,500.00
Premium For Certified Acts of Terrorism:	\$	Excluded
Premium For Non-Certified Acts of Terrorism:	\$	Excluded
		Surplus Lines Tax: \$2,625.00 Stamping Fee: \$218.75

Form(s) and Endorsement(s) made a part of this policy at time of issue *:

* Omits applicable Forms and Endorsements if shown in specific Coverage Part / Coverage Form Declarations.

Broker Name: R-T Specialty, LLC
Address: 2601 Main Street Suite 450
City/State/Zip: Irvine, CA 92614



Countersigned:

By _____

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Effective Date: 03/06/20 **,
12:01 A.M., Standard Time

General Aggregate Limit	\$2,000,000	
Products - Completed Operations Aggregate Limit	\$2,000,000	
Personal and Advertising Injury Limit	\$1,000,000	Any one Person or Organization
Each Occurrence Limit	\$1,000,000	
Damage to Premises Rented to You Limit	\$50,000	Any One Premises
Medical Expense Limit	Excluded	Any one Person or Organization

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

Form of Business ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company

☒ Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Co)

PREMIUM

[illegible]

Total Advance Premium: \$87,500

Admissions (per 1,000 Admissions)	Gallons (per 1,000 Gallons)	Total Cost (per \$1,000 Total Cost)
Area (per 1,000 Square Feet)	Gross Sales (per \$1,000 Gross Sales)	Units
Each	Payroll (per \$1,000 Payroll)	

LOCATION OF PREMISES*

Location of All Premises You Own, Rent or Occupy:

Location No. Address:

001 - All Locations

