DATE (MM/DD/YYYY) 09/15/2025

CERTIFICATE OF LIABILITY INSURANCE

Acct#: 3083202

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).

| LOCKTON AFFINITY, LLC P.O. BOX 879610 KANSAS CITY, MO 64187-9610 | | | | | NAME: LOCKTON AFFINITY, LLC PHONE | | | | |
|---|--|-----------------------|------------------------|--|---|---|---|------------|----------------|
| | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC # |
| | | | | | INSURER A : Arch Insura | • | | | 11150 |
| INSURED | | | | | INSURER B: | | | | |
| LYB@Home Inc. DBA CertaPro Painters of Orange County 571 N Poplar Street, Suite F | | | | | INSURER C : | | | | |
| Orange, CA 92868 | | | | | INSURER D: | | | | |
| | | | | | INSURER E : | | | | |
| | | | | | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | | REVISION NUMBE | R: | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIES (IDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PI XCLUSIONS AND CONDITIONS OF SUCH F | UIRE ERTA POLIC | MEN AIN, T CIES. | IT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE | OF ANY CONTRACT ED BY THE POLICIES EBEEN REDUCED B | OR OTHER D S DESCRIBEI Y PAID CLAIM | OOCUMENT WITH RESPE D HEREIN IS SUBJECT T | CT TO V | WHICH THIS |
| INSR LTR | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | rs | |
| | COMMERCIAL GENERAL LIABILITY CLAIMS- OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | MED EXP (Any one person) | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ | |
| | POLICY PRO- LOC | | | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | FRODUCTS - COMPTOF AGG | \$ | |
| Α | A AUTOMOBILE LIABILITY X X LAAUT0110 | | | LAAUT0110501 | 09/10/2025 | 09/10/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,0 | 000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED AUTOS ONLY X SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ONET | | | | | | TO GOOGOTIV | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER OTH- STATUTE ER | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | NI / A | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Mandatory in NH) If yes, describe under | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | E.E. DIOLAGE -1 OLIGI LIWIT | Ф | |
| | | | | | | | | | |
| POL | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A CY PROVIDES PROTECTION FOR ANY AND ALL OPERA RE REQUIRED BY WRITTEN CONTRACT. WAIVER OF S | ATIONS | S/JOBS | PERFORMED BY THE NAMED INSU | JRED WHERE REQUIRED E | Y WRITTEN CON | TRACT. CERTIFICATE HOLDER IS | S AN ADDIT | TIONAL INSURED |
| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | |
| Proof of Coverage | | | | | 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 | | | | |
| | | | | | Pati D. Ofance | , | | | |

Policy Number: LAAUT0110501

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) – AUTOMATIC WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following: AUTO

DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to any person(s) or organization(s) for whom you are required to waive subrogation with respect to the coverage provided under this Coverage Form, but only to the extent that subrogation is waived:

- **A.** Under a written contact or agreement with such person(s) or organization(s); and
- B. Prior to the "accident" or the "loss."

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

Person(s) or Organization(s): Any person(s) or organization(s) as required by written contract or agreement.

- SECTION II COVERED AUTOS LIABILITY COVERAGE, A. Coverage, Paragraph 1. Who Is
 An Insured is amended to include the person(s) or organization(s) designated in the Schedule
 above but only for damages:
 - a. Which are covered by this insurance; and
 - **b.** Which you have agreed to provide in a written contract.
- 2. The limits of insurance afforded to such person(s) or organization(s) will be:
 - a. The minimum limits of insurance which you agreed to provide; or
 - **b.** The limits of insurance of this policy;

whichever is less.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

This endorsement is effective on the inception date of this policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Policy Number: LAAUT0110501

Named Insured: LYB@Home Inc. DBA CertaPro Painters of Orange County

Endorsement Effective Date: 09/10/2025