



## Client Assurance Packet

PearlRemodeling.com • (800) 742-3585 • Info@PearlRemodeling.com



# YOU DREAM IT WE BUILD IT

Full-Service Residential Remodeling Service



# About Us

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Pearl Remodeling is a local remodeling company based in Reseda and serves the entire Los Angeles county. Pearl Remodeling is a family owned company established in 1997 by two cousins, Jacob and Ron. The company strives to produce high-quality remodeling projects within a reasonable budget and timeframe. The ultimate goal for the company is to bring the visions of clients to life.

## Awards

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## Meet the Office

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Check out our office, it is an ADU! We designed and built our office from the ground up to demonstrate our skilled craftsmanship. We welcome you to visit us at our office anytime!





# Meet The Team

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Jacob Y.  
Co-Owner & Founder



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## Founders



Ron C.  
Co-Owner & Founder



Campbell G.  
Architect



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## Specialists



Jorge G.  
Field Supervisor



Alon L.  
Project Manager



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## Project Managers



Ben O.  
Project Manager



Izhak E.  
Project Manager



Avi S.  
Project Manager



# License & Legal Docs

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**\$1 Million**

Insurance Policy



**\$1 Million**

Worker's Comp Insurance



**24 Years Licensed**



**0 Complaints Filed**



DEPARTMENT OF CONSUMER AFFAIRS  
**CONTRACTORS**  
STATE LICENSE BOARD

**We are licensed & fully insured.**

**We build projects legally through the city.**

**With us you can have a piece of mind knowing you are covered and your investment in your home is safe.**

**Active CSLB License**







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2020

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).

<b>PRODUCER</b> Business World Insurance Agency 7800 University Ave A-1  La Mesa CA 91942		<b>CONTACT</b> NAME: Gustavo A Galvez PHONE (A/C, No, Ext): (619) 773-1100 E-MAIL: GUSTAVO.GALVEZ@insuremefree.com FAX (A/C, No): (619) 773-1101	
<b>INSURED</b>  LEAD ENTERPRISES, INC. dba PEARL REMODELING 6803 Yarmouth Avenue  reseda CA 91335		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: AIX SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12833	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SIZGL0503A238571	07/22/2020	07/22/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF INSURANCE

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

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P.O. BOX 8192, PLEASANTON, CA 94588

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE****ISSUE DATE: 01-01-2021****GROUP:**  
**POLICY NUMBER: 9037094-2021**  
**CERTIFICATE ID: 2**  
**CERTIFICATE EXPIRES: 01-01-2022**  
**01-01-2021/01-01-2022****CONTRACTORS STATE LICENSE BOARD****SC****LIC PERMIT#: 955824**  
**INCEPTION DATE: 01-01-2021**  
**DO: SC****PO BOX 26000**  
**SACRAMENTO CA 95826-0026**

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

A handwritten signature in black ink, appearing to read "Kurt R. Lauff".

Authorized Representative

A handwritten signature in black ink, appearing to read "Vernon Steiner".

President and CEO

**EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.****ENDORSEMENT #1651 - DORON COHEN, PRESIDENT - EXCLUDED.****ENDORSEMENT #1651 - CHEN YAACOV, VICEPRES - EXCLUDED.**

EMPLOYER

**L E A D ENTERPRISES INC DBA: PEARL REMODELING**  
**6803 YARMOUTH AVE**  
**RESEDA CA 91335**





# LET'S GET STARTED ON YOUR PROJECT!

## ABOUT US

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## CONTACT US

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Reseda, CA 91335**

**(800) 742-3585  
Info@PearlRemodeling.com  
www.PearlRemodeling.com**

**Mon - Fri. : 8 AM - 6:00 PM  
Sat. : Closed  
Sun. : 10 AM - 4 PM**

Scan For Social Media Links



## FIND US ON

