



CONTRACTORS  
STATE LICENSE BOARD  
ACTIVE LICENSE



License Number **1033117**

Entity **CORP**

Business Name **GOLD STANDARD BUILDERS INC**

Classification(s) **B**

Expiration Date **11/30/2025**

[www.csib.ca.gov](http://www.csib.ca.gov)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/26/2024

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> (855) 222-5919 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> support@nextinsurance.com														
<b>INSURED</b> Gold Standard Builders, Inc. 15021 Ventura Blvd PMB 1045 Sherman Oaks, CA 91403	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : State National Insurance Company, Inc.</td><td>12831</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><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State National Insurance Company, Inc.	12831	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

## COVERAGES

CERTIFICATE NUMBER: 831885751

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 SUBR INSD 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 <input type="checkbox"/> OTHER:		NXTXTQFH XV-00-GL	12/03/2024	12/03/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$1,000,000.00</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000.00</td></tr><tr><td>MED EXP (Any one person)</td><td>\$15,000.00</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000.00</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000.00</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000.00</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000.00	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00	MED EXP (Any one person)	\$15,000.00	PERSONAL & ADV INJURY	\$1,000,000.00	GENERAL AGGREGATE	\$2,000,000.00	PRODUCTS - COMP/OP AGG	\$2,000,000.00		\$
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PRODUCTS - COMP/OP AGG	\$2,000,000.00																			
	\$																			
	<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					<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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AGGREGATE	\$																			
	\$																			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. EACH ACCIDENT	\$																			
E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			
A	Contractors Errors and Omissions		NXTXTQFH XV-00-GL	12/03/2024	12/03/2025	<table><tr><td>Each Occurrence:</td><td>\$25,000.00</td></tr><tr><td>Aggregate:</td><td>\$50,000.00</td></tr></table>	Each Occurrence:	\$25,000.00	Aggregate:	\$50,000.00										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

## CERTIFICATE HOLDER

Gold Standard Builders, Inc.  
15021 Ventura Blvd PMB 1045  
Sherman Oaks, CA 91403

LIVE CERTIFICATE



[Click or scan to view](#)

## CANCELLATION

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: 04-21-2025****GROUP:**  
**POLICY NUMBER: 9230147-2025**  
**CERTIFICATE ID: 1**  
**CERTIFICATE EXPIRES: 04-21-2026**  
**04-21-2025/04-21-2026****CONTRACTORS STATE LICENSE BOARD**  
**WORKERS COMPENSATION UNIT**  
**PO BOX 26000**  
**SACRAMENTO CA 95826-0026**

NF

**LIC PERMIT#: 1033117**  
**INCEPTION DATE: 04-21-2025**  
**DO: NF**

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.

Authorized Representative

President and CEO

**EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.**

EMPLOYER

**GOLD STANDARD BUILDERS INC**  
**15021 VENTURA BLVD STE 1045**  
**SHERMAN OAKS CA 91403**

NF

[P14,HO]



(800) 750-2663 [www.iwins.com](http://www.iwins.com)

**Gold Standard Builders, Inc.**

★	License Number:	<b>1033117</b>
★	Bond Number:	<b>TCS28438</b>
★	Bond Expiration Date:	<b>11/13/2025</b>
★	Surety Company:	<b>Hudson Insurance Company</b>
★	Bond Type:	<b>Contractor's License</b>