

8187990266



HVAC Alliance

EXPERT

License# 1041772

HEATING AND AIR CONDITIONING



TRANE



Corporate Address: 23638 Lyons Ave #148, Newhall, CA 91321

(855) 999-4417

No	PHONE	DATE OF ORDER
TPL2HS	805 980 8585	09 10 12 2020

NAME	UNIT
Heldi Buccola	G Y A R
ADDRESS	Make
473 Lincoln dr	Trane
CITY	Model
Ventura STATE CA ZIP 93001	//
EMAIL	Serial #
NATURE OF SERVICE REQUEST:	Type
CONDENSOR UNIT REPLACEMENT	A/C With gas furnace

WORK PERFORMED
3. Ton Condenser unit is going to be replaced and it will be installed other than Area where it's going to set is repaired

30 DAYS WARRANTY ON LABOR, _____ WARRANTY IN INSTALLED PARTS. NO WARRANTY ON DAMAGE CAUSED BY EXTERNAL PROBLEMS OR INTERFERENCE BY ANOTHER COMPANY. NO WARRANTY ON FUSES, FREON, FILTERS, ACCESS VALVES, MOVING UNITS. 25% RESTOCKING FEE ON ORDERED PARTS.

WARRANTY SPECIAL CONDITIONS: _____ INITIALS()

ESTIMATE \$4500 APPROVED

REVISED ESTIMATE \$4500 APPROVED

ALL AREAS CLEANED TO CUSTOMER SATISFACTION

S/F	
Total	\$4500
Deposit	\$450
Balance	\$4050
Total Payments	

Make check payable to HVAC Alliance Expert

PAYMENT METHOD: CREDIT CARD:* _____ CHECK # 1080 CASH _____ ACCOUNT _____

EXP: _____ CODE: _____ TECHNICIAN: Keneth

PURSUANT TO SECTION 3097 OF THE CALIFORNIA CIVIL CODE, WE ARE REQUIRED TO GIVE YOU NOTICE THAT IF THE BILLS ARE NOT PAID IN FULL FOR SUCH LABOR, SERVICES, EQUIPMENT OR MATERIALS FURNISHED, THE IMPROVED PROPERTY AT THE JOBSITE DESCRIBED ABOVE MAY BE SUBJECT TO MECHANIC'S LIENS. IF PAYMENT IS NOT MADE WHEN DUE CUSTOMER AGREES TO PAY ALL COLLECTION EXPENSES, COSTS AND ATTORNEY'S FEES THIS SALE IS SUBJECT TO ALL TERMS AND CONDITIONS ON BOTH SIDES HEREOF AND ARE SATISFACTORY AND ARE HEREBY ACCEPTED

I hereby acknowledge that the above services performed and charges applied are to my satisfaction. The equipment has been left in a good condition and all parts returned.

Customer's Signature



CONTRACTORS STATE LICENSE BOARD

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

HVAC ALLIANCE EXPERT INC

License Number 1041772

to engage in the business or act in the capacity of a contractor in the following classifications:

C20 - WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING

C36 - PLUMBING

Witness my hand and seal this day,

November 9, 2018

Issued July 12, 2018

CERTIFIED COPY

Mario Richardson, Board Chair

This license is the property of the Registrar of Contractors,
is not transferable, and shall be returned to the Registrar
upon demand when suspended, revoked, or invalidated
for any reason. It becomes void if not renewed.

David R. Fogt, Registrar of Contractors



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/2020

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).

PRODUCER Caleagle Insurance Services 143 S Glendale Ave Suite 105 Glendale CA 91205		CONTACT NAME: Henry Galoustian PHONE (A/C, No., Ext.): (818) 242-3232 FAX (A/C, No.): (818) 242-0614 E-MAIL ADDRESS: henry@caleagleinsurance.com	
INSURED HVAC Alliance Expert Inc. 23638 Lyons Ave # 148 Newhall CA 91321		INSURER(S) AFFORDING COVERAGE INSURER A: Rockingham Insurance Company NAIC # 26379 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			RCAG302884-00	06/01/2019	06/01/2020	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 - COM/PROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER 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

HVAC ALLIANCE EXPERT INC. 23638 Lyons Ave # 148 Newhall, CA 91321	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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