

DATE (MM/DD/YYYY)
10/13/09

NAIC #

INSURER E

INSR ADD'L LTR INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY		SCO8253403-15	10/01/09	10/01/10	EACH OCCURRENCE	\$ 25,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	MED EXP (Any one person)				\$	
	<input checked="" type="checkbox"/> RR Liability	PERSONAL & ADV INJURY				\$	
	GEN'L AGGREGATE LIMIT APPLIES PER	GENERAL AGGREGATE				\$ 50,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPI/OP AGG	\$	
B	AUTOMOBILE LIABILITY		BAP5221305-08	10/01/09	10/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)				\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)				\$	
	<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS							
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E L EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below					E L DISEASE - EA EMPLOYEE	\$
	OTHER					E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	
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~~AUTHORIZED REPRESENTATIVE~~