

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/06/2014

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER The CIMA Companies, Inc. (CIM) 750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124

CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FAX (A/C, No):

INSURED Michael J Scott and Associates 201 South Miller, Suite 106 Santa Maria, CA 93454

Table with columns: INSURER(S) AFFORDING COVERAGE, NAIC #. Rows for Lloyd's London and Insurers B-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.

Main table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for General Liability, Auto Liability, Umbrella, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate is subject to all policy terms, limits, conditions and exclusions.

CERTIFICATE HOLDER County of Santa Barbara

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 Laurie S. Coleman

WORKER'S COMP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/23/2014

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PRODUCER
 Tolman & Wiker Insurance Services LLC #0E52073
 1525 E. Main Street
 PO Box 1099
 Santa Maria CA 93456

INSURED
 Michael J. Scott, Attorney At Law
 Michael & Jinny Scott
 201 S. Miller, Ste. 106
 Santa Maria CA 93454-5632

CONTACT NAME: Toni Cotta, CISR
PHONE (A/C, No. Ext): (805) 922-7301 **FAX (A/C, No.):** (805) 925-2370
EMAIL ADDRESS: tcotta@tolmanandwiker.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Sentinel Ins Co LTD	11000
INSURER B: Hartford Casualty	29424
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2014 - 2015 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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		515BBLJ7435	2/25/2014	2/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	51WRCJX3645	4/1/2014	4/1/2015	<input checked="" type="checkbox"/> WG STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Certificate Holder is named as Additional Insured in respects to General Liability for work performed by the Insured per Form #990008 04/05 attached.

CERTIFICATE HOLDER	CANCELLATION
Clerk of the Superior Court of Santa Barb Attn: Dennis PO Box 21107 Santa Barbara, CA 93121-1107	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 T Cotta, CISR/TONIC <i>Toni Cotta</i>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2014

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 The CIMA Companies, Inc. (CIM) 750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lloyd's London		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
David M. Bixby, Esquire
937 E Main Street Suite 206
Santa Maria, CA 93454

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
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SR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	DEDUCTIBLE RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Legal Profes			LP15025	08/16/2014	08/16/2015	\$1,000,000/\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate is subject to all policy terms, limits, conditions and exclusions.

CERTIFICATE HOLDER County of Santa Barbara	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 <i>Laurie S. Colman</i>

LAWYERS PROFESSIONAL LIABILITY INSURANCE

EVIDENCE OF INSURANCE

Evidence of Insurance No: LP14116
Unique Market Reference Number: B113513CPBA1330
Master Policy No: 13CPBA1330

CLAIMS MADE FORM / DEFENSE WITHIN LIMITS

THIS IS A CLAIMS MADE FORM. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD.

Please Read Carefully

1. **Master Policy Issued To:** CIMA Liability Protection Program for Legal Services and Defender Services Professionals and Specified Insured Organizations
2. **Evidence of Insurance Issued To:**
 Charles Biely, Attorney at Law
 201 S. Miller St., ste. 106
 Santa Maria, CA 93454
3. **Period of Coverage:** 04/02/2014 to 04/02/2015
4. **Endorsements Attached:** Several liability endorsement; War & Terrorism exclusion; Cancellation Clause endorsement; Service of Suit Clause endorsement; Nuclear Incident exclusion; Radioactive Contamination exclusion; Biological or Chemical Materials exclusion; Lloyd's Privacy Policy statement; Applicable Law endorsement
5. **Coverages, Deductibles, Limits of Liability, and Retroactive Dates:**
 (Optional Coverage Described in Master Policy Only Applicable If So Indicated Below With Listed Premium)

<u>Coverage Type</u>	<u>Deductible</u>	<u>Limit of Liability Per Claim</u>	<u>Limit of Liability Aggregate</u>	<u>Retro-Active Date</u>	<u>Premium</u>
Professional Liability (Art I, Sec A) Including The Following Optional Coverages <i>(Strikethrough As Not Applicable)</i> Disciplinary Proceedings (Defense Coverage) (Art I, Section B) Defense of Contempt Proceedings (Art I, Sec. C)	NIL	\$1,000,000.00	\$1,000,000.00	4/2/14	\$1,000.00
Outside Practice of Law (Art. I, Sec A(6))	NIL	None	None	N/A	N/A
Personal Injury (Sublimits)	NIL	\$100,000.00	\$300,000.00	4/2/14	Included
Management Liability (Art I, Sec D)	NIL	None	None	N/A	N/A
Employment Liability (Art I, Sec E)	NIL	None	None	N/A	N/A
Punitive Damages (Art IV, Sec A 6)	NIL	None	None	N/A	N/A
Injunctive Relief	NIL	None	None	N/A	N/A
Total Premium:					\$1,000.00
Surplus Lines Tax:					\$22.50

By Acceptance of this policy, the Insured agrees that the statements in this Evidence of insurance, the Application, and any attachments hereto are the Insured's agreements and representations and that this policy embodies all agreements existing between the Insured and the Company of any of its representatives relating to this insurance.

Countersigned at: Woodbridge, VA Underwriters at Lloyds, London
Date: April 2, 2014 **By:** Laurie S. Coleman
 Authorized Representative

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2014

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.

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PRODUCER The CIMA Companies, Inc. (CIM) 2750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124 703 739-9300	CONTACT NAME: PHONE (A/C, No, Ext): 703 739-9300	FAX (A/C, No): 7037390761
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Madeleine M Nantze 201 S. Miller St, suite 106 Santa Maria, CA 93454	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lloyd's London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE 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	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				<input type="checkbox"/> WC STATU. TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Legal Profes		LP14147	06/17/2014	06/17/2015	\$1,000,000/\$1,000,000

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

CERTIFICATE HOLDER

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

Laura S. Calanan

LAWYERS PROFESSIONAL LIABILITY INSURANCE**EVIDENCE OF INSURANCE**

Evidence of Insurance No: LP14115

Unique Market Reference Number: B113513CPBA1330

Master Policy No: 13CPBA1330

CLAIMS MADE FORM / DEFENSE WITHIN LIMITS

THIS IS A CLAIMS MADE FORM. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD.

Please Read Carefully

1. **Master Policy Issued To:** CIMA Liability Protection Program for Legal Services and Defender Services Professionals and Specified Insured Organizations
2. **Evidence of Insurance Issued To:**
R. Addison Steele II, Attorney at Law
201 S. Miller St., ste. 106
Santa Maria, CA 93454
3. **Period of Coverage:** 04/02/2014 to 04/02/2015
4. **Endorsements Attached:** Several liability endorsement; War & Terrorism exclusion; Cancellation Clause endorsement; Service of Suit Clause endorsement; Nuclear Incident exclusion; Radioactive Contamination exclusion; Biological or Chemical Materials exclusion; Lloyd's Privacy Policy statement; Applicable Law endorsement
5. **Coverages, Deductibles, Limits of Liability, and Retroactive Dates:**
(Optional Coverage Described in Master Policy Only Applicable If So Indicated Below With Listed Premium)

<u>Coverage Type</u>	<u>Deductible</u>	<u>Limit of Liability Per Claim</u>	<u>Limit of Liability Aggregate</u>	<u>Retro-Active Date</u>	<u>Premium</u>
Professional Liability (Art I, Sec A) Including The Following Optional Coverages (Strikethrough As Not Applicable) Disciplinary Proceedings (Defense Coverage) (Art I, Section B) Defense of Contempt Proceedings (Art I, Sec. C)	NIL	\$1,000,000.00	\$1,000,000.00	4/2/14	\$1,000.00
Outside Practice of Law (Art. I, Sec A(6))	NIL	None	None	N/A	N/A
Personal Injury (Sublimits)	NIL	\$100,000.00	\$300,000.00	4/2/14	Included
Management Liability (Art I, Sec D)	NIL	None	None	N/A	N/A
Employment Liability (Art I, Sec E)	NIL	None	None	N/A	N/A
Punitive Damages (Art IV, Sec A 6)	NIL	None	None	N/A	N/A
Injunctive Relief	NIL	None	None	N/A	N/A

Total Premium: \$1,000.00
Surplus Lines Tax: \$22.50

By Acceptance of this policy, the Insured agrees that the statements in this Evidence of insurance, the Application, and any attachments hereto are the Insured's agreements and representations and that this policy embodies all agreements existing between the Insured and the Company of any of its representatives relating to this insurance.

Countersigned at: Woodbridge, VA Underwriters at Lloyds, London

Issue Date: April 2, 2014 By: Laurie S. Coleman
Authorized Representative

(RADSTEE/727131/ARJ)

Client#: 69519

JESSMAR1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2014

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CONTACT NAME:
PHONE (A/C, No, Ext): 703 739-9300 FAX (A/C, No): 7037390761
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:
INSURER(S) AFFORDING COVERAGE:
INSURER A: Lloyd's London
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Legal Profes.

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

CERTIFICATE HOLDER

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

Laurie S. Colaneri

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