Client#: 22584

MICHSCO1

 $ACORD_{m}$

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RY SENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

īv. ATANT: 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). CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID he CIMA Companies, Inc. (CIM) 750 Killarney Dr, Suite 202 Voodbridge, VA 22192-4124 CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC# ISURED INSURER A : Lloyd's London Michael J Scott and Associates INSURER B 201 South Miller, Suite 106 INSURER C: Santa Maria, CA 93454 INSURER D: INSURER E : INSURER F **OVERAGES** 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY **EACH OCCURRENCE** \$ DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ OLICY . JMOBILE LIABILITY COMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE s HIRED AUTOS (Per accident) s NON-OWNED AUTOS \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DEDUCTIBLE \$ RETENTION WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/Δ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ LP15023 Legal Profes 08/16/2014 08/16/2015 \$1,000,000/\$1,000,000 ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ertificate is subject to all policy terms, limits, conditions and exclusions. **ERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE County of Santa Barbara THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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Laure S. Calenar

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

0ATE (MM/DD/YYYY) 6/23/2014

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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C	rtificate holder in lieu of such endor	eme	nt(s).		T SELITA	or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PRODUCER CÔNTACT TONI COTTA, CISR										
Tolman & Wiker Insurance Services LLC #0E52073					PHONE (805) 922-7301 FAX (A/C, No. 1: (805) 925-2370					
1525 E. Main Street ADD						ADDRESS: tcotta@tolmanandwiker.com				
ΡQ	Box 1099				INSURER(S) AFFORDING COVERAGE				NAIC#	
Santa Maria CA 93456					MSURERA:Sentinel Ins Co LTD				1.1000	
เทรบ	RED				MSURERB:Hartford Casualty				29424	
Mile	chael J. Scott, Attorney	At	La	W	INSURER C:					
	chael & Jinny Scott				INSURER D:					
	l S. Miller, Ste. 106				INSURER F.:					
	ata Maria CA 93	454	-56	32	INSURER F:				<u> </u>	
00	JEDAGEG CER	TEIC	ATE	NIIMBER:2014 - 20	15			REVISION NUMBER:	·	
COVERAGES CERTIFICATE NUMBER: 20.14 - 20.15 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER POCUMENT 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.										
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A	CLAIMS-MADE X OCCUR			515991J7435				PERSONAL & ADV INJURY \$	1,000,000	
								GENERAL AGGREGATE \$	2,000,000	
								PRODUCTS - COMP/OP AGG S	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PHODOGIB - COMPIOP ALSO S	2,000,000	
	X POLICY PRO LOC							COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY						1	LEA SAGGERADIL S BODILY INJURY (Per person) \$		
	ANY AUTO							BODILY INJURY (Por accident) \$		
	ALLOWNED SCHEDULED AUTOS NON-OWNED			•				PROPERTY DAMAGE \$		
	HIRED AUTOS NON-OWNED							(Por acoldon)		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
ł	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A		S1WECJX3645		1/1/2014	4/1/2015	EL DISEASE - EN EMPLOYER \$	1,000,000	
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CE	RTIFICATE HOLDER				T					
Clerk of the Superior Court of Santa Barb Attn: Dennis PO Box 21107					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESI	ENTATIVE		. 1	
					T Cotta, CISR/TONIC Doni Cot/a					
Santa Barbara, CA 93121-1107				110						
l						tta, CISE	R/TONIC			

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Client#: 59071

DARABAL

ACORD.

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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Laure S. Calenar

Client#: 22583 DAVIBIX

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2014

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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

- 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
- Coverages, Deductibles, Limits of Liability, and Retroactive Dates: (Optional Coverage Described in Master Policy Only Applicable If So Indicated Below With Listed Premlum)

			•			
Coverage Type	<u>Deductible</u>	Limit of Liabllity Per <u>Claim</u>	Limit of Liabilty <u>Aggregato</u>	Retro- Active <u>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	
	тала топоположе менен ж	PRU 1222222222 2222	Total Premium:		\$1,000.00	

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

ie Date:

April 2, 2014

By: ____Laurie S. Coleman_

Authorized Representative

Surplus Lines Tax:

\$22.50

(CHARBIE/727132/ARJ)

8053468152 Client#; 62595

MICHAEL J SCOTT ATTY

PAGE 07/09

MADENAN

CERTIFICATE OF LIABILITY INSURANCE ACORD.

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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PRODUGER	CONTACT NAME:							
The CIMA Companies, Inc. (CIM)	PHONE (A/C, No): 703 739-9300 (A/C, No): 7037390761							
2750 Killarney Dr., Suite 202	PHONE (AIC, No. Ext): 703 739-9300 (AIC, No.): 7037390761 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:							
	AODRESS:							
Woodbridge, VA 22192-4124	CUSTOMER ID #:							
703 739-9300	insurer(s) affording coverage na	AIC#						
INSURED	INSURER A: Lloyd's London							
Madeleine M Nantze	INSURER B:							
201 S. Miller St, suite 106								
Santa Maria, CA 93454	INSURER C:							
wasta marky was well.	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 SLICH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
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CLAIMS-MADE CCCUR	MED EM (Filly Old Political)	-						
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	GENERAL AGGREGATE \$							
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NON-OWNED AUTOS	5							
MONOTANIED NOTES	\$							
	EACH OCCURRENCE \$							
UMBRELLA LIAB OCCUR								
EXCESS LIAB CLAIMS-MADE	AGGREGATE							
DEDUCTIBLE	\$							
RETENTION 5	\$							
WORKERS COMPENSATION	WC STATU- OTH- TORY LIMITS FR							
AND EMPLOYERS' LIABILITY	E.L. EACH ACCIDENT \$							
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED?	E.L. DISEASE - EA EMPLOYEE \$							
(Mandatory in NH)	E.L. DISEASE - POLICY LIMIT S							
If yes, destribe under DESCRIPTION OF OPERATIONS below								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remod	s Schodule, if more space is required)							
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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	1						
	Laurie S. Celanan							

1 of 1

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

- Evidence of Insurance Issued To: R. Addison Steele II, Attorney at Law 201 S. Miller St., ste. 106 Santa Maria, CA 93454
- Period of Coverage: 04/02/2014 to 04/02/2015 З.
- 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 **Endorsements Attached:** 4. 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)

Coverage Type	<u>Deductible</u>	Limit of Liability Per <u>Claim</u>	Limit of Liabilty <u>Aggregate</u>	Retro- Active <u>Date</u>	Premium
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
BEESE SHEET		AND RESERVED MAINTY THE PER	Total Premium:		\$1,000,00

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

Laurie S. Coleman Authorized Representative

Surplus Lines Tax:

\$22.50

(RADSTEE/727131/ARJ)

 $ACORD_{\scriptscriptstyle{10}}$

MICHAEL J SCOTT ATTY

PAGE 09/09

JESSMAR1

一篇 Client#: 69519 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT NAME: PHONE PHONE CHAIL No, Ext): 703 739-9300 E-MAIL SUBJECT: FAX (A/C, No): 7037390761 The CIMA Companies, Inc. (CIM) 2750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124 CUSTOMER ID#: 703 739-9300 INSURER(S) AFFORDING COVERAGE INSURER A : Lloyd's London INSURED Jessica Martinez INSURER 8: 924 Anacapa St., Suite 1-T INSURER C: Santa Barbara, CA 93101 INSURER D: INSURER E : INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. ADDL BUBR LIMITS POLICY NUMBER TYPE OF INSURANCE EACH OCCURRENCE GENERAL LIABILITY PREMISES (En occurrence) COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) OCCUR CLAIMS-MADE PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Par potson) ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE SCHEDULED AUTOS (Paraccident) HIRED AUTOS NON-OWNED AUTOS s EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE DEDUCTIBLE RETENTION WC STATU-TORY LIMITS WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NΙΛ E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 12/20/2013 12/20/2014 \$1,000,000/\$1,000,000 LP14065 Legal Profes DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION CERTIFICATE HOLDER 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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Laurie S. Calanan