

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2012

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 be endorsed. If SUBROGATION IS WAIVED,

	subject to the terms and condition confer rights to the certificate holde	r in lieu	of s	uch endorsement(s	5).		nent. A statement on this	Cortificate	1000 1100	
PRODUCER						CONTACT NAME:				
Lockton Companies, LLC					PHONE	HAVY THE RESERVE OF THE PROPERTY OF THE PROPER				
					(A/C	(A/C   A/C, No):				
5847 San Felipe, Suite 320 Houston, TX 77057						No.Ext): 888-828-8365 E-MAIL				
						ADDRESS:				
						INSURER(S) AFFORDING COVERAGE			NAIC	
						NSURER-A: Ace American Insurance Co.			22667	
						NSURER-B:				
INSPERITY, INC. LICIF ACCUVANT, INC 19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 77339					INSURER	INSURER-D:				
						INSURER-E:				
						NSURER-F:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY PE CCLUSIONS AND CONDITIONS OF SUCH PI	QUIREME ERTAIN, OLICIES.	THE LIMIT	TERM OR CONDITIO	N OF ANY CO DED BY THE BEEN REDUC	POLICIES DESC ED BY PAID CLA	CRIBED HEREIN IS SUBJECT	PECI IOV	VHICH IHIS	
N.		INSR R	UB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
T		D W	IV	DOLLOV NUMBER			LIMITS			
Τ.	TYPE OF INSURANCE			POLICY NUMBER			EACH OCCURRENCE	\$		
_	GENERAL LIABILITY						DAMAGE TO RENTED			
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$		
	CLAIMS OCCUR					=	MED EXP (Any one person)	\$		
	The second secon						PERSONAL & ADV INJURY	\$		
	Some marketing areas, in the part of money	d prinds	100		10		GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER	1			34.9 5.		PRODUCTS - COMP/OP AGG \$			
	POLICY JECT LOC						PROFESSIONAL LIABILITY	\$		
						C1	COMBINED SINGLE LIMIT (Ea accident)			
	AUTOMOBILE LIABILITY  ANY AUTO						BODILY INJURY (Per Person)	\$		
_	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
_	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	1000		
	AUTOS AUTOS						(Per accident)	\$		
			$\perp$				EACH OCCURRENCE	\$		
_	UMBRELLA LIAB OCCUR						AGGREGATE	S		
А	EXCESS LIAB CLAIMS MADE	-		C47220579		10/01/2013	Modriconre			
	DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N				10/01/2012		WC STATU- TORY LIMITS OTH- ER			
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000	
	(MANDATORY IN NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	A	
	DESCRIPTION OF OPERATIONS below	1					E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
	DESCRIPTION OF STEERING									
. /	ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICACCUVANT, INC (2068400) IS INCLUDED AS A NAI	CLES (Attac MED INSU	ch Acc RED T	ord 101, Additional remark HROUGH ENDORSEMEN	ks Schedule, if n	ore space is require	ed)			
	*									
CERTIFICATE HOLDER C						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Accuvant, Inc.  1125 17th St. Suite 1700 Denver, CO 80202					THE EX	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS  AUTHORIZED REPRESENTATIVE				