

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/02/2014

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(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).

cer	terms and conditions of the policy tificate holder in lieu of such endor	, cer seme	tain ent(s	policies may require an e).	ndorse	ment. A stat	tement on th	nis certificate do	es not confer	rights to the	
PRODUCER 1-818-539-2300						CT Robin	Johnston				
Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. License #0726293					PHONE	PHONE (A/C, No, Ext): 818-539-1354 (A/C, No): 818-539-165					
505 North Brand Boulevard, Suite 600						E-MAIL ADDRESS: Robin Johnston@ajg.com					
Glendale, CA 91203-3944						INSURER(S) AFFORDING COVERAGE					
					INSURE	INSURER A: ACE AMER INS CO				NAIC# 22667	
WellPoint, Inc.					INSURE	INSURER B: GREAT AMER INS CO OF NY/See attached				22136	
And Its Subsidiaries					INSURER C:						
2015 Staples Mill Road					INSURER D:						
Mail Drop VA2001-N350 Richmond, VA 23230					INSURER E :					4.5	
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 39571850 REVISION NUMBER:											
CEF	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RIRTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	=QUII PERT	KEME TAIN.	:NI, LERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH	DECDEAT TA	MUICH THE	
INSR TYPE OF INSURANCE			SUBF	*		POLICY EFF (MM/DD/YYYY)			LIMITS		
	SENERAL LIABILITY	JISSE	VVVU	HDO G27333849			05/01/15	EACH OCCURRENC		000,000	
	COMMERCIAL GENERAL LIABILITY		ĺ		ĺ]		DAMAGE TO RENTE PREMISES (Ea occur	D G	00,000	
	CLAIMS-MADE X OCCUR	Ì						MED EXP (Any one p	(IGIICE) 1 Y		
								PERSONAL & ADV II		000,000	
		100	']			GENERAL AGGREGA		000,000	
	SEN'L AGGREGATE LIMIT APPLIES PER:		Ì		ĺ			PRODUCTS - COMP		00,000	
	POLICY PRO- JECT LOC								\$		
ļ	AUTOMOBILE LIABILITY			ISA H08820740		05/01/14	05/01/15	COMBINED SINGLE (Ea accident)	LIMIT s 1,0	00,000	
2	ANT AUTO							BODILY INJURY (Per			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per			
_	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	E \$		
_									\$		
B	UMBRELLA LIAB X OCCUR			See Attached		05/01/14	05/01/15	EACH OCCURRENCE	E \$25,	000,000	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 25,	000,000	
V	DED RETENTION \$ VORKERS COMPENSATION:								\$		
/ A	ND EMPLOYERS' LIABILITY					1		WC STATU- TORY LIMITS	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			1					E.L. EACH ACCIDEN	T \$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ļ					E.L. DISEASE - EA Ef	MPLOYEE \$		
	DESCRIPTION OF OPERATIONS below mbrella			EU05297716415		05/01/14	05/01/35	E.L. DISEASE - POLK Excess \$25Mi			
	mbrella			7981-81-49		05/01/14		~	•	00,000	
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Subj€	PTION OF OPERATIONS/LOCATIONS/VEHICL ct to policy terms, condition Casualty Insurance Company	ns a	and	exclusions.			required)				
Feder	al Insurance Company - Umbre	lla	\$5	Million excess \$50 M	s 323 Tillion	J STTTTON					
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OPDITIOATE HOLDED											
CERTIFICATE HOLDER					CANC	CANCELLATION					
Evidence of Insurance Only					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
- · · · · · · · · · · · · · · · · · · ·					AUTHOR	AUTHORIZED REPRESENTATIVE					
,					Robin Sjohnson						

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