

PRODUCER PRO INSURANCE SERVICES INC. PO BOX 90755 AUSTIN, TX 78747 IG., INC./RSIG - 703-365-0199 // FAX: 703-365-0636	Serial # Z68196	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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INSURED IG., INC. / RSIG SAMPLE SAMPLE      SAMPLE      SAMPLE      SAMPLE SAMPLE      SAMPLE                      SAMPLE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: ZURICH AMERICAN INSURANCE CO</td> <td>16535</td> </tr> <tr> <td>INSURER B: AMERICAN GUARANTEE &amp; LIABILITY INS CO</td> <td>26247</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: ZURICH AMERICAN INSURANCE CO	16535	INSURER B: AMERICAN GUARANTEE & LIABILITY INS CO	26247	INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b>	9656308  (INCLUDES ERRORS & OMISSIONS)	09/01/2009	09/01/2010	EACH OCCURRENCE \$ 1,000,000.00
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000.00
		<input checked="" type="checkbox"/> INC. WRONGFUL REPOSSESSION				PERSONAL & ADV INJURY \$ 1,000,000.00
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 5,000,000.00
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ SUB TO GEN AGG
A		<b>AUTOMOBILE LIABILITY</b>	9656308  (INCLUDES DRIVE AWAY)	09/01/2009	09/01/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<input checked="" type="checkbox"/> REPOSSESSED AUTOS				
		<input checked="" type="checkbox"/> GARAGEKEEPERS DIRECT PRIMARY				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG \$
B		<b>EXCESS/UMBRELLA LIABILITY</b>	9656309	09/01/2009	09/01/2010	EACH OCCURRENCE \$ 2,000,000.00
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000.00
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER				EL EACH ACCIDENT \$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				EL DISEASE - EA EMPLOYEE \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL DISEASE - POLICY LIMIT \$
		If yes, describe under SPECIAL PROVISIONS below				
A		<b>OTHER</b>	CCP9656310	09/01/2009	09/01/2010	LIMIT: \$1,000,000.00
		COMMERCIAL CRIME				
		EMPLOYEE DISHONESTY BOND				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 MEMBER SINCE: \_\_/\_\_/\_\_ INCLUDES ON-HOOK COVERAGE - \$1,000,000.00 LIMIT

**THIS IS A SAMPLE DOCUMENT FOR EVIDENCE OF COVERAGES AND LIMITS ONLY.**

<b>CERTIFICATE HOLDER</b>  SAMPLE      SAMPLE      SAMPLE      SAMPLE SAMPLE      SAMPLE      SAMPLE      SAMPLE SAMPLE      SAMPLE      SAMPLE      SAMPLE SAMPLE      SAMPLE      SAMPLE      SAMPLE SAMPLE      SAMPLE                      SAMPLE	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <p style="text-align: center;"><b>VOID IF SIGNATURE NOT PRESENT</b></p>
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