몞	;;;//:/(*/*/****************************	INNSURA	N@/ III		DATE (MM/DD/YY)		
PRODUCER SubContractor's Insurance Agent			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.				
			COMPANIES AFFORDING COVERAGE				
			A ABC Insurance Co. (rating not less than A VII)				
INSURED			COMPANY				
SubContractor's Name			B				
Street Address			COMPANY				
City, State Zip			С				
			COMPANY				
<u>م</u>	VERAGES		D				
1000	IS TO CERTIFY THAT THE POLICIES OF INSU	RANCE LISTED BELOW	HAVE BEEN ISS	LIED TO THE INSURED	NAMED ABOVE FOR THE POLIC	/ /	
	OD INDICATED, NOTWITHSTANDING ANY RE						
	HICH THIS CERTIFICATE MAY BE ISSUED OF						
ΤΟ Α	LL THE TERMS, EXCLUSIONS AND CONDITIC	NS OF SUCH POLICIES.	LIMITS SHOWN	I MAY HAVE BEEN REDI	JCED BY PAID CLAIMS.		
со	TYPE OF INSURANCE	POLICY NUMBER	OLICY EXPIRATIO	POLICY EXPIRATION	LIMITS		
LTR			DATE (MM/DD/YY)	DATE (MM/DD/YY)			
		AAA11111	1/1/2000	1/1/2010		\$2,000,000	
А	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	AAATTIT	1/1/2009	1/1/2010	PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY	\$2,000,000 \$1,000,000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000	
	General Aggregate Limit Applies Per:				Fire Damage (any one fire)	\$50,000	
	Policy Project Loc.	1			MED EXP (Any one person)	\$5,000	
		BBB22222	1/1/2009	1/1/2010	COMBINED SINGLE LIMIT	\$1,000,000	
	ANY AUTO				BODILY INJURY	\$	
А	ALL OWNED AUTOS				(Per person)		
	SCHEDULED AUTOS				BODILY INJURY	\$	
	HIRED AUTOS				(Per accident)		
	NON-OWNED AUTOS						
	GARAGE LIABILIY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY:	\$	
					EACH ACCIDENT	\$	
		-			AGGREAGTE	\$	
	EXCESS LIABILIY				EACH OCCURRENCE	*	
	UMBRELLA FORM				AGGREGATE	*	
	OTHER THAN UMBRELLA FORM					\$	
	WORKERS COMPENSATION AND	DDD44444	1/1/2009	1/1/2010	X WC STATUTORY LIMITS OTHE	tele tele telefete	
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$1,000,000	
А	THE PROPRIETOR/				EL DISEASE-POLICY LIMIT	\$1,000,000 \$1,000,000	
A	PARTNERS/EXECUTIVE INCL				EL DISEASE-EA EMPLOYEE	\$1,000,000	
	OFICCERS ARE: EXCL						
	OTHER	1					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
The certificate holder, DBAC, Inc. is an additional insured per form CG2010 11/85 (or its comparable.)							
Coverage provided by this insurance is Primary and any insurance carried by Certificate Holder shall be excess and non contributing. (If primary & non-contributory wording is unavailable a General Liability Waiver is required.)							
A Waiver of Subrogation applies to Workers' Compensation (and General Liability (if required)) in favor of the additional							
insured(s) per the attached endorsement form							
CERTIFICATE HOLDER							
	AC, Inc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
	Shipyard Way, Suite A		DATE THEREOF, THE ISSUING COMPANY WILL XXXXXXXX MAIL 30 DAYS WRITTEN NOTICE				
Newport Beach, CA 92663				TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

			AUTHORIZED REI	UTHORIZED REPRESENTATIVE			