
		<b>INSURANCE CERTIFICATE</b>		Date Viewed/Printed: 02/16/13
				Effective Date of Data: 02/16/13
Certificate Holder:	Sample Construction Company	Phone:	606-606-6666	
Test Certificate Holder Company	606 North Wacker Drive	Fax:	606-606-7777	
	Suite 999	E-mail:	<a href="mailto:bogusemail@nocmpany.com">bogusemail@nocmpany.com</a>	
	Chicago, IL 60606	Web Site:	<a href="http://www.samplecon.com">www.samplecon.com</a>	

**NOTICE:** The Authorized Representatives shown below certify that these policies provided these coverages, conditions and at least the limits shown, when this record was last updated. Aggregate limits may be reduced by paid claims, and coverages may have changed since this record was last updated. This document does not alter, amend or extend coverage provided by the referenced policies. Contact the Agent for confirmation or more information. All information is provided for your information as a courtesy to the Insured named above. This certificate is not a legal contract and does not change any coverage, exclusion or condition in the referenced policies. **Ins-Cert Corporation can neither verify nor guarantee its accuracy; therefore, Ins-Cert Corporation is not responsible for any inaccuracy or failure to notify any party.** LDI COI 271419 04 11

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
FEB 20 2013

<b>COMMERCIAL GENERAL LIABILITY</b>			
Insurer: St. Paul Fire & Casualty Ins		Policy No: GL48484848490	
Agency: Hartigan Agency, Inc.		Inception: 07/01/12 Expiration: 07/01/13	
Agent: William Hartigan		Updated: 06/12/12 Canceled:	
<input type="checkbox"/> Occurrence Form	<input checked="" type="checkbox"/> Explosion ('x') NOT Excluded	Policy Aggregate	2,000,000
<input type="checkbox"/> Claims-Made Form ... Retro Date =	<input checked="" type="checkbox"/> Collapse ('c') NOT Excluded	Product/CO Aggregate	2,000,000
<input checked="" type="checkbox"/> Products/Completed Operations	<input checked="" type="checkbox"/> Underground ('u') NOT Excluded	<b>Each Occurrence or Claim</b>	<b>1,000,000</b>
<input checked="" type="checkbox"/> Contractors/Subcontractors Work	<input type="checkbox"/> Severability of Interests	Personal/Advertising Injury	1,000,000
<input checked="" type="checkbox"/> Contractual Liability	<input type="checkbox"/> Cross Liability	Premises Damage Liability	100,000
<input checked="" type="checkbox"/> Primary Insurance	<input type="checkbox"/> Stop Gap Employers Liability	Premises Medical Payments	10,000
<input type="checkbox"/> Non Contributory	<input checked="" type="checkbox"/> Defense in Excess of Limits	<input checked="" type="checkbox"/> Per Job/Location Aggregate	
<input checked="" type="checkbox"/> Subsidence NOT Excluded	<input type="checkbox"/> Residential Const. NOT Excluded	<input checked="" type="checkbox"/> Mold/Fungus NOT Excluded	
<input checked="" type="checkbox"/> All locations/operations covered, ... or covered location / operation is:			
The following are named as Additional Insureds, and/or have Waiver of Subrogation, as provided in the policy or endorsement:			
<b>Form # - ISO CG 2010 0704</b> (Blanket coverage - Excludes products/completed operations)			
<u>Additional Insured</u>	<u>Waiver of Subrogation</u>	<u>Additional Insureds / Waivers of Subrogation</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 1</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 2</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 3</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 4</b>	
<b>Form # - ISO CG 2037 0704</b> (Blanket coverage - Includes products/completed operations)			
<u>Additional Insured</u>	<u>Waiver of Subrogation</u>	<u>Additional Insureds / Waivers of Subrogation</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 1</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 2</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 3</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 4</b>	
Comments: <b>Excludes pollution, Errors &amp; Omissions, residential construction and any wrap-up project THIS INFORMATION IS FICTITIOUS - FOR DEMONSTRATION PURPOSES ONLY</b> =====			
		<u>Authorized representative</u>	<u>NPID #</u>
			
		William Hartigan CIC, ARM, AAI	
GL01 01/12			

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