



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: AP

DATE (MM/DD/YYYY)

10/28/11

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).

<b>PRODUCER</b> J & C Corbett Insurance Services, Inc. P O Box 929 Davis, CA 95617 Annette Palmer		<b>530-419-2000</b>  <b>OD34028</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>ADVAN60</b>	FAX (A/C, No):
<b>INSURED</b> Advance Electric SB Inc. P.O. Box 41729 Santa Barbara, CA 93140		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A :</b> Colony Insurance Company		
		<b>INSURER B :</b>		
		<b>INSURER C :</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL3890691	10/27/11	10/27/12	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**CERTIFICATE IS ISSUED AS EVIDENCE OF INSURANCE. 10 DAYS NOTICE OF CANCELLATION WILL NOT BE GIVEN FOR NON-PAYMENT OF PRMEIUM.**

<b>CERTIFICATE HOLDER</b>  Advance Electric SB Inc. P.O. Box 41729 Santa Barbara, CA 93140	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Annette Palmer
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COPY

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# INSURANCE BINDER

OP ID: AP

DATE (MM/DD/YYYY)

10/28/2011

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> <b>J &amp; C Corbett Insurance Services, Inc.</b> <b>P O Box 929</b> <b>Davis, CA 95617</b> <b>Annette Palmer</b>		<b>COMPANY</b> <b>Colony Insurance Company</b>		<b>BINDER # 7022</b>	
<b>PHONE (A/C, No, Ext): 530-419-2000</b> <b>FAX (A/C, No): OD34028</b>		<b>DATE EFFECTIVE</b> <b>10/27/11</b>		<b>TIME</b> <b>12:01</b>	
<b>AGENCY CUSTOMER ID: ADVAN60</b>		<b>EXPIRATION DATE</b> <b>11/26/11</b>		<b>TIME</b> <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<b>INSURED</b> <b>Advance Electric SB Inc.</b> <b>P.O. Box 41729</b> <b>Santa Barbara CA 93140</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> <b>General Liability Policy #: GL3890691</b>			
<b>AGENCY</b> <b>CUSTOMER ID: ADVAN60</b>		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: GL3890691</b>			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:			<b>EACH OCCURRENCE \$ 1,000,000</b> <b>DAMAGE TO RENTED PREMISES \$ 100,000</b> <b>MED EXP (Any one person) \$ 5,000</b> <b>PERSONAL &amp; ADV INJURY \$ 1,000,000</b> <b>GENERAL AGGREGATE \$ 3,000,000</b> <b>PRODUCTS - COMP/OP AGG \$ 3,000,000</b>
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<b>COMBINED SINGLE LIMIT \$</b> <b>BODILY INJURY (Per person) \$</b> <b>BODILY INJURY (Per accident) \$</b> <b>PROPERTY DAMAGE \$</b> <b>MEDICAL PAYMENTS \$</b> <b>PERSONAL INJURY PROT \$</b> <b>UNINSURED MOTORIST \$</b>
<b>AUTO PHYSICAL DAMAGE DEDUCTIBLE</b> <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			<b>ACTUAL CASH VALUE</b> <b>STATED AMOUNT \$</b> <b>OTHER</b>
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				<b>AUTO ONLY - EA ACCIDENT \$</b> <b>OTHER THAN AUTO ONLY:</b> <b>EACH ACCIDENT \$</b> <b>AGGREGATE \$</b>
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			<b>EACH OCCURRENCE \$</b> <b>AGGREGATE \$</b> <b>SELF-INSURED RETENTION \$</b> <b>WC STATUTORY LIMITS</b>
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<b>E.L. EACH ACCIDENT \$</b> <b>E.L. DISEASE - EA EMPLOYEE \$</b> <b>E.L. DISEASE - POLICY LIMIT \$</b>
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>				<b>FEES \$</b> <b>TAXES \$</b> <b>ESTIMATED TOTAL PREMIUM \$</b>

**NAME & ADDRESS**

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	<b>AUTHORIZED REPRESENTATIVE</b> <b>Annette Palmer</b> 	