

Re: CERTIFICATE OF INSURANCE

Our insurance carrier requires that we obtain a certificate of liability insurance from you. We would appreciate you sending us this as soon as possible. Our contractors must maintain adequate limits of insurance with insurers acceptable to us (A VIII or better). **No work will be allowed to start and payments will not be made to contractors without insurance documents on file.**

AUTOMOBILE LIABILITY INSURANCE:

Each Occurrence: \$1,000,000

GENERAL LIABILITY INSURANCE:

Each Occurrence: \$1,000,000

Personal & Advertising

Injury: \$1,000,000

Products/Completed

Operations Aggregate: \$2,000,000

General Aggregate: \$2,000,000

Please include with your certificate a copy of an *additional insured- owners, leases or contractors (CG2010)—Scheduled person or organization endorsement and an additional insured—owners, leases, or contractors—completed operations (CG2037* in favor of **Association Communication, Inc.** and _____ (Association). Copies of these endorsements are attached for your convenience. You should include a copy of primary wording endorsement.

WORKERS COMPENSATION INSURANCE:

Employers Liability: \$1,000,000

Please include with your certificate a copy of waiver of subrogation endorsement in favor of **Association Communication, Inc.** and _____ (Association).

Please mail these to the attention of: Licia Hofmann

Association Communication, Inc.
3732 Mt. Diablo Blvd, Suite 395
Lafayette, CA 94549
PHONE: (925) 283-4900
FAX: (925) 283-4907
E-MAIL: licia@acihoa.com

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/21/2009

PRODUCER (925)686-2860 FAX (925)686-6118
WestCallawayStotka, Inc.
Lic. #0B63315
200 Gregory Lane Bldg A
Pleasant Hill, CA 94523

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.

INSURED
ABC Landscaping, Inc.
1234 Main Street
Concord, CA 94520

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers	
INSURER B: Republic Indemnity Co of Amer	
INSURER C:	
INSURER D:	
INSURER E:	

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 POLICIES 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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6805717L778	08/12/2008	08/12/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	6805717L778	08/12/2008	08/12/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	12067303	09/27/2008	09/27/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 (NAME OF) Homeowners Association AND Association Communications, Inc. are included as Additional Insureds on the General Liability and Automobile Liability per the attached endorsement #CG2010 (11-85).

CERTIFICATE HOLDER

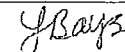
(NAME OF) Homeowners Association
Association Communications, Inc.
3732 Mt. Diablo Blvd., #395
Lafayette, CA 94549

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Linda Bays/LCB



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

> (NAME OF) Homeowners Association
AND Association Communications, Inc.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by the policy for the benefit of the additional insureds shall be primary insurance, but only as respects any claims, loss or liability arising out of the Named Insured's operations and any insurance maintained by the additional insured shall be non-contributing.