

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
1/5/2010

| PRODUCER (505)265-8481 FAX: (505)266-3500 Western Assurance Corp. 3701 Paseo Del Norte NE PO Box 94600 Albuquerque NM 87199-4600 | 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 Roman Fountains Corp, DBA: Volcano Industries, PO Drawer 10190 Albuquerque NM 87184-0190 | <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 National Fire Ins. of</td> <td>20478</td> </tr> <tr> <td>INSURER B Continental Casualty</td> <td>20443</td> </tr> <tr> <td>INSURER C American Casualty</td> <td>20427</td> </tr> <tr> <td>INSURER D Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A National Fire Ins. of | 20478 | INSURER B Continental Casualty | 20443 | INSURER C American Casualty | 20427 | INSURER D Lloyds of London | | INSURER E | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
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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 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 LTR | ADD'L 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | B4017434927 | 12/31/2009 | 12/31/2010 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | MED EXP (Any one person) | \$ 10,000 | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COM/OP AGG | \$ 2,000,000 | | | | |
| EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | | | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ 10,000 | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COM/OP AGG | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | |
| A | | AUTOMOBILE LIABILITY <input checked="" 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 | B4017460332 | 12/31/2009 | 12/31/2010 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | |
| 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 | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr> <tr><td>AGG</td><td>\$</td></tr> </table> | AUTO ONLY - EA ACCIDENT | \$ | OTHER THAN AUTO ONLY: EA ACC | \$ | AGG | \$ | | | | | | | | | | |
| AUTO ONLY - EA ACCIDENT | \$ | | | | | | | | | | | | | | | | | | | | | |
| OTHER THAN AUTO ONLY: EA ACC | \$ | | | | | | | | | | | | | | | | | | | | | |
| AGG | \$ | | | | | | | | | | | | | | | | | | | | | |
| B | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | 4017460508 | 12/31/2009 | 12/31/2010 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE | \$ 4,000,000 | AGGREGATE | \$ | | \$ | | \$ | | \$ | | | | | | |
| EACH OCCURRENCE | \$ 4,000,000 | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC417435009 | 12/31/2009 | 12/31/2010 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">WC STATUTORY LIMITS</td> <td style="width: 5%;">OTHER</td> <td style="width: 10%;"></td> <td style="width: 80%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$</td><td>500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$</td><td>500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$</td><td>500,000</td></tr> </table> | WC STATUTORY LIMITS | OTHER | | | E.L. EACH ACCIDENT | | \$ | 500,000 | E.L. DISEASE - EA EMPLOYEE | | \$ | 500,000 | E.L. DISEASE - POLICY LIMIT | | \$ | 500,000 |
| WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | \$ | 500,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | | \$ | 500,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | \$ | 500,000 | | | | | | | | | | | | | | | | | | | |
| D | | OTHER Professional Liability | ANE11057409 | 6/1/2009 | 6/1/2010 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Limit of Insurance</td><td>\$1,000,000</td></tr> <tr><td>Deductible</td><td>\$5,000</td></tr> </table> | Limit of Insurance | \$1,000,000 | Deductible | \$5,000 | | | | | | | | | | | | |
| Limit of Insurance | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | |
| Deductible | \$5,000 | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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| CERTIFICATE HOLDER _____ | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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 Michael Parisi/LDONS |
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