



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2012

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).

PRODUCER Western Assurance Corp. 3701 Paseo Del Norte NE PO Box 94600 Albuquerque NM 87199-4600 INSURED Roman Fountains Corp Volcano Industries, Inc. PO Drawer 10190 Albuquerque NM 87184-0190		CONTACT NAME: Leigh Ann Dons PHONE (A/C, No, Ext): (505) 265-8481 E-MAIL ADDRESS: ldons@westernassurance.com PRODUCER CUSTOMER ID #: 00010656 FAX (A/C, No): (505) 266-3500 INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance NAIC # 11000 INSURER B: Lloyds Syndicate INSURER C: INSURER D: INSURER E: INSURER F:	
---	--	---	--

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
A	CLAIMS-MADE X OCCUR		34SBAZN7396	12/31/2012	12/31/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER						
X	POLICY	PRO-JECT	LOC			\$
AUTOMOBILE LIABILITY						
X	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	ALL OWNED AUTOS		34UECJJ6042	12/31/2012	12/31/2013	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS					Uninsured motorist combined \$ 1,000,000
	NON-OWNED AUTOS					Medical payments \$ 5,000
X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 4,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 4,000,000
A	X RETENTION \$ 10,000		34SBAZN7396	12/31/2012	12/31/2013	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N N/A			E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		34WECPX3905	12/31/2012	12/31/2013	E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability		ANE11057411	12/31/2012	12/31/2013	Limit of Insurance 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
---------------------------	---------------------

SAMPLE	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 Leigh Ann Dons/LDONS