

CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE

9/3/2009


PRODUCER Legends Environmental Insurance Services, LLC 2165 N. Glassell Street Orange, CA 92865 PHONE: (800) 992-6999 FAX: (800) 999-3987 LICENSE #: OC79875	SERIAL #: 1693-8374	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.
COMPANIES AFFORDING COVERAGE		
INSURED Double Barrel Environmental Services, Inc. 121 Main Street Riverside, CA 92507		INSURER A: Nautilus Insurance Company INSURER B: Great Divide Insurance Company INSURER C: INSURER D: INSURER E:

COVERAGES

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.

COMP.	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Contractors Pollution <input checked="" type="checkbox"/> Per Project Aggregate	ECPO1512273-10	9/6/2009	9/6/2010	GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
					MED EXP (Any one person)	\$5,000
B	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 <input checked="" type="checkbox"/> Broad Pollution <input type="checkbox"/>	BAP1512274-10	9/6/2009	9/6/2010	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE (Per Accident)	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY - EACH ACCIDENT	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT:	
					AGGREGATE:	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	FFX1512275-10	9/6/2009	9/6/2010	EACH OCCURRENCE:	\$5,000,000
					AGGREGATE:	\$5,000,000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded	WCA1512276-10	9/6/2009	9/6/2010	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
					EL EACH ACCIDENT:	\$1,000,000
					EL DISEASE - POLICY LIMIT:	\$1,000,000
					EL DISEASE - EA EMPLOYEE:	\$1,000,000
A	OTHER Professional Liability (Claims Made)	ECPO1512273-10	9/6/2009	9/6/2010	\$1,000,000 per claim	
					\$2,000,000 aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 The certificate holder is hereby named as additional insured with respect of work done by the insured for the certificate holder.

<p>CERTIFICATE HOLDER</p> <p>General Information Certificate</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <div style="text-align: center;">  Bill Lohman Principal in Charge </div> <hr/> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY</p>
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