CERTIFICATE OF LIABILITY INSURANCE

OP ID RA

DATE (MM/DD/YYYY) 08/19/11

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).

PRODUCER

Peerless Insurance
PO Box 188065
Fairfield OH 45018
Phone:888-828-6412 Fax:800-845-3666

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: DUAANO1

INSURED

DU-ALL ANODIZING CORP
PO BOX 21510
BAKERSFIELD CA 93390

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Peerless Insurance Company	24198
INSURER B :	Golden Eagle Insurance Company	10836
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		CBP9639714	09/12/11	09/12/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1000000 $ 100000 $ 5000 $ 1000000 $ 2000000 $ 2000000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CBP9639714 CBP9639714 CBP9639714	09/12/11 09/12/11 09/12/11	09/12/12 09/12/12 09/12/12	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1000000 $ $ $
B	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION $ 10000			CU9639514	09/12/11	09/12/12	EACH OCCURRENCE AGGREGATE	$ 2000000 $ 2000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY COVERAGE.
LOCATION: 730 CHESTNUT STREET SAN JOSE CA 95110

CERTIFICATE HOLDER

JUNE WILDA MARCHAND
938 THE ALAMEDA
SAN JOSE CA 95126

CANCELLATION

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

Rachel Yardley

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Insured

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Peerless Insurance
PO Box 188065
Fairfield OH 45018
Phone:888-828-6412 Fax:800-845-3666

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FAX (A/C, No):
E-MAIL ADDRESS:
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INSURED

DU-ALL ANODIZING CORP
PO BOX 21510
BAKERSFIELD CA 93390

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**							
	X COMMERCIAL GENERAL LIABILITY			CBP9639714	09/12/11	09/12/12	EACH OCCURRENCE	$ 1000000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100000
							MED EXP (Any one person)	$ 5000
							PERSONAL & ADV INJURY	$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2000000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2000000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1000000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
A	X SCHEDULED AUTOS			CBP9639714	09/12/11	09/12/12	PROPERTY DAMAGE (Per accident)	$
A	X HIRED AUTOS			CBP9639714	09/12/11	09/12/12		$
A	X NON-OWNED AUTOS			CBP9639714	09/12/11	09/12/12		$
								$
B	X **UMBRELLA LIAB** OCCUR			CU9639514	09/12/11	09/12/12	EACH OCCURRENCE	$ 2000000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 2000000
	DEDUCTIBLE							$
	X RETENTION $ 10000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

MAGNUSSENS LEXUS IS LISTED AS LOSS PAYEE IN REGARDS TO COVERED VEHICLE:
2007 LEXUS LS46OL VIN#JTHGL46F275009853
$500 COMPREHENSIVE & COLLISION DEDUCTIBLE

CERTIFICATE HOLDER

MAGNUSSENS LEXUS
5600 CUSHING PARKWAY
FREMONT CA 94538

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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Insured