



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2012

DATE (MM/DD/YYYY)

3/16/2011

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<br>Lockton Companies, LLC-1 Kansas City<br>444 W. 47th Street, Suite 900<br>Kansas City MO 64112-1906<br>(816) 960-9000 | CONTACT NAME:         |                |
|  | PHONE (A/C, No. Ext): | FAX (A/C, No): |
|  | E-MAIL ADDRESS:       |                |
| INSURER(S) AFFORDING COVERAGE  |                       | NAIC #         |
| INSURER A: Continental Casualty Company  |                       | 20443          |
| INSURER B: American Casualty Company of Reading, PA  |                       | 20427          |
| INSURER C: Transportation Insurance Company  |                       | 20494          |
| INSURER D: Great American Insurance Co of New York   |                       | 22136          |
| INSURER E:   |                       |                |
| INSURER F:   |                       |                |

**COVERAGES** SPRCO03 DE **CERTIFICATE NUMBER:** 2732868 **REVISION NUMBER:** XXXXXXXX

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                | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CONTRACTUAL LIAB.<br><input checked="" type="checkbox"/> *TENANTS LEGAL LIAB<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y         | Y        | GL4014104273   | 4/1/2011                         | 4/1/2014                         | EACH OCCURRENCE  | \$ 2,000,000  |
|                  |  |           |          |  |                                  |                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ XXXXXXXX   |
|                  |  |           |          |  |                                  |                                  | MED EXP (Any one person)   | \$ XXXXXXXX   |
|                  |  |           |          |  |                                  |                                  | PERSONAL & ADV INJURY  | \$ 2,000,000  |
|                  |  |           |          |  |                                  |                                  | GENERAL AGGREGATE  | \$ 10,000,000 |
|                  |  |           |          |  |                                  |                                  | PRODUCTS - COMP/OP AGG   | \$ 3,000,000  |
|                  |  |           |          |  |                                  |                                  |  | \$            |
| A                | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  | N         | N        | BUA4014104287  | 4/1/2011                         | 4/1/2014                         | COMBINED SINGLE LIMIT (Ea accident)  | \$ 2,000,000  |
|                  |  |           |          |  |                                  |                                  | BODILY INJURY (Per person)   | \$ XXXXXXXX   |
|                  |  |           |          |  |                                  |                                  | BODILY INJURY (Per accident)   | \$ XXXXXXXX   |
|                  |  |           |          |  |                                  |                                  | PROPERTY DAMAGE (Per accident)   | \$ XXXXXXXX   |
|                  |  |           |          |  |                                  |                                  | Garagekeepers  | \$ Included   |
| D                | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   | N         | N        | UMB2098838   | 4/1/2011                         | 4/1/2012                         | EACH OCCURRENCE  | \$ 10,000,000 |
|                  |  |           |          |  |                                  |                                  | AGGREGATE  | \$ 10,000,000 |
|                  |  |           |          |  |                                  |                                  |  | \$ XXXXXXXX   |
| C<br>B<br>B<br>B | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | WC4014104225(RETRO)<br>WC4014104239(DEDUCTIBLE)<br>WC4014104242 (CA)<br>N/A IN MONOPOLISTIC STATES | 4/1/2011<br>4/1/2011<br>4/1/2011 | 4/1/2012<br>4/1/2012<br>4/1/2012 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><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  |

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

\*FIRE DAMAGE IS INCLUDED IN BROADER TENANT'S LEGAL LIABILITY FORM WITH LIMITS OF \$1,000,000 PER OCCURRENCE. THE CITY, ITS OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE ADDITIONAL INSUREDS, WHICH IS ON A PRIMARY BASIS, AND ALL OTHER INSURANCE SHALL BE NON-CONTRIBUTORY, AND SUBROGATION IS WAIVED, WHERE REQUIRED BY CONTRACT AND SUBJECT TO POLICY TERMS AND CONDITIONS. RE: INSTALLATION, OPERATION & MAINTENANCE OF TELECOMMUNICATIONS EQUIPMENT.

**CERTIFICATE HOLDER****CANCELLATION** See Attachment

2732868

CITY OF TEMPE, AZ  
ATTN: RISK MANAGER  
PO BOX 5002  
TEMPE AZ 85280

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

SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL WRITTEN NOTICE IN ACCORDANCE WITH THE POLICY PROVISIONS TO THE CERTIFICATE HOLDER NAMED WITHIN THE STATED TIME FRAMES OF 30 DAYS, EXCEPT FOR REASON OF NON-PAYMENT OF PREMIUM AT 10 DAYS. FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.