

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2014

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

tl	ne terms and conditions of the policy, ertificate holder in lieu of such endors	certair sement	n policies may require an en (s).		statement on th	is certificate does not c	onfer rig	hts to the
PRODUCER				CONTACT NAME: Roseann Warth				
Brightstone Ins. Services, LLC				PHONE (A/C, No, Ext):440-260-1026 FAX (A/C, No, Ext):440-260-0218				
7530 Lucerne Drive #101				E-MAII				
Middleburg Heights OH 44130				ADDRESS:rwarth@brighstoneins.com				NAIC#
				INSURER(S) AFFORDING COVERAGE				
				INSURER A :AIX S	,			2833 2552
INS	INSURED SDICO-2				INSURER B: Nova Casualty Company			
SDI Corporation				INSURER C:				
Shamrock Delivery, Inc.				INSURER D:				
7302 S. Alton Way Unit S Centennial CO 80112				INSURER E :				
Certierma CO 00112				INSURER F:				
COVERAGES CERTIFICATE NUMBER: 201884223			REVISION NUMBER:					
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAII POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRA ED BY THE POLI BEEN REDUCED	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CIION	HICH THIS
INSF	TYPE OF INSURANCE	ADDL SU		(MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	GENERAL LIABILITY		GCZCL00201402	2/1/2013	2/1/2014	EACH OCCURRENCE	\$1,000,0	00
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,0)
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000	
	OE TIME IN ISE					PERSONAL & ADV INJURY	\$1,000,0	00
						GENERAL AGGREGATE	\$2,000,0	00
	OFFIL ACCRECATE LIMIT APPLIES DED:					PRODUCTS - COMP/OP AGG	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						\$	
В	POLICY JECT LOC AUTOMOBILE LIABILITY		LGCCA00104032	2/1/2013	2/1/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000.0	00
			1200000000000	Page Supply Control		BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED X SCHEDULED					BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS					(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR		GCZUM00201242	2/1/2013	2/1/2014	EACH OCCURRENCE	\$1,000,0	100
	A OCCOR		GC20W00201242	2,1,2010		AGGREGATE	\$1,000,000	
	EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	\$ 1,000,0	
	DED X RETENTION \$10,000					WC STATU- TORY LIMITS ER	1	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					0000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
A	Employee Dishonesty Motor Truck Cargo		GCZCL00201402 GCZCL00201402	2/1/2013 2/1/2013	2/1/2014 2/1/2014	Limit Limit	25,000 25,000	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta	ach ACORD 101, Additional Remarks	Schedule, if more spa	ce is required)			
1	dence of Insurance Only							
L				CANCELLATIO	ON.			-
CERTIFICATE HOLDER				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				