

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR VM
SANTBA2

DATE (MM/DD/YYYY)
06/30/03

PRODUCER
Cook, Disharoon & Greathouse
P.O. Box 12909
Oakland CA 94604-
Phone: 510-437-1900

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

INSURED
Servexcel Corporation
dba: Santa Barbara Window
Cleaning
dba: We Do Windows
P.o. Box 30362
Santa Barbara CA 93130

| INSURERS AFFORDING COVERAGE | NAIC # |
|--|--------|
| INSURER A: State Compensation Ins. Fund | |
| INSURER B: Interstate Fire & Casualty Co. | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | |
|----------------|-------|--|------------------------|----------------------------------|-----------------------------------|--|----------------------------------|----|
| B | | GENERAL LIABILITY | CLP6237905 | 06/25/03 | 06/25/04 | EACH OCCURRENCE | \$ 1,000,000 | |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 | |
| | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | |
| | | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ | |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| | | | | | | <input type="checkbox"/> ANY AUTO | OTHER THAN AUTO ONLY: EA ACC AGG | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ | |
| | | | | | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | AGGREGATE | \$ |
| | | | | | | <input type="checkbox"/> DEDUCTIBLE | | \$ |
| | | | | | | <input type="checkbox"/> RETENTION \$ | | \$ |
| A A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 496129903 496129903 | 07/01/03 07/01/03 | 07/01/04 07/01/04 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| | | OTHER | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
All California Operations of the Named Insured. 30 day notice of cancel/ 10 day notice for non payment of premium.

CERTIFICATE HOLDER

BIDPUR1

"For Bid Purposes only"

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~FORFEIT 30~~ MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT ~~FORFEIT 30~~ SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Gary A. Duckworth 