

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

10/1/2010

DATE (MM/DD/YYYY)

9/29/2009

**PRODUCER** Lockton Insurance Brokers, LLC  
 CA License #OF15767  
 Two Embarcadero, Suite 1700  
 San Francisco 94111  
 (415) 568-4000

**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** Demo Masters, Inc.  
 1321262 6925 San Leandro Street  
 Oakland CA 94621

**INSURERS AFFORDING COVERAGE**

**NAIC #**

|   |       |
|---|-------|
| INSURER A: American International Insurance Company | 32220 |
| INSURER B: Commerce and Industry Insurance Company  | 19410 |
| INSURER C: Zurich American Insurance Company        | 16535 |
| INSURER D:  |       |
| INSURER E:  |       |

**COVERAGES** H2CA01 OP

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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 LTR | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER       | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | 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"/> Pollution Liab.<br><input checked="" type="checkbox"/> Professional Liab.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PROP12577543        | 10/1/2009                        | 10/1/2010                         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B        |             | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> Comp. Ded. \$1,000<br><input checked="" type="checkbox"/> Coll. Ded. \$1,000  | CA1924799           | 10/1/2009                        | 10/1/2010                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX  |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   | NOT APPLICABLE      |                                  |                                   | AUTO ONLY - EA ACCIDENT \$ XXXXXXXX<br>OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX<br>AGG \$ XXXXXXXX  |
| A        |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM<br><input checked="" type="checkbox"/> RETENTION \$ 10,000  | PROU12577635        | 10/1/2009                        | 10/1/2010                         | EACH OCCURRENCE \$ 19,000,000<br>AGGREGATE \$ 19,000,000<br>\$ XXXXXXXX<br>\$ XXXXXXXX<br>\$ XXXXXXXX   |
| C        |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>NO</b><br>If yes, describe under SPECIAL PROVISIONS below   | 2272572-12<br>USL&H | 10/1/2009<br>10/1/2009           | 10/1/2010<br>10/1/2010            | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                        |
|          |             | <b>OTHER</b>   |                     |                                  |                                   |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Re: Evidence of Insurance Program.

**CERTIFICATE HOLDER**

**CANCELLATION** [M455735]

10674289  
 EVIDENCE OF INSURANCE COVERAGE

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

AUTHORIZED REPRESENTATIVE



Additional Insured when required by written contract per forms: General Liability and Pollution Liability 90667 (04/06)  
Lessor Leased Equipment STF-ESP-144-BCW 11/05;  
Automobile Designated Additional Insured CA2048  
(all states except Texas); Automobile Additional Insured Loss Payee CA2001;  
Waiver of subrogation when required by written contract per forms: General Liability Form 78011 (05/01)  
Workers Compensation WC000313; Automobile U-CA-320-B CW;  
Worker's Compensation Covered State(s): California  
USL&H Covered State: California  
Severability of Interest/Seperation of Insurance per Policy Forms.  
Excess Following Form Primary Coverage subject to policy terms conditions and exclusions.  
\*10 days notice for nonpayment of premium.