

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED. ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

Sub-Contractor's Name and/or Vendor	NAME AND ADDRESS OF INSURED
Sub-Contractor's Address	
City, State Zip	



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY											
WORKERS COMPENSATION	4/1/2011	Vendor's and/or Sub-Contractor's Policy Number.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: CA, NV</td> <td style="width: 30%; text-align: center;">EMPLOYERS LIABILITY</td> </tr> <tr> <td></td> <td style="text-align: center;">Bodily Injury by Accident \$2,000,000 Each Accident</td> </tr> <tr> <td></td> <td style="text-align: center;">Bodily Injury By Disease \$2,000,000 Policy Limit</td> </tr> <tr> <td></td> <td style="text-align: center;">Bodily Injury By Disease \$2,000,000 Each Person</td> </tr> </table>	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: CA, NV	EMPLOYERS LIABILITY		Bodily Injury by Accident \$2,000,000 Each Accident		Bodily Injury By Disease \$2,000,000 Policy Limit		Bodily Injury By Disease \$2,000,000 Each Person			
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COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	4/1/2011 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">RETRO DATE</td></tr></table>	RETRO DATE	Vendor's and/or Sub-Contractor's Policy Number.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">General Aggregate</td> <td style="width: 30%; text-align: center;">\$2,000,000</td> </tr> <tr> <td>Products / Completed Operations Aggregate</td> <td style="text-align: center;">\$2,000,000</td> </tr> <tr> <td>Each Occurrence</td> <td style="text-align: center;">\$2,000,000</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td style="text-align: center;">\$2,000,000 Per Person / Organization</td> </tr> <tr> <td>Other Includes Per Job Aggregate & "XCU" Coverages</td> <td style="text-align: center;">Other Damages to Premises: \$100,000 and Medical Payments: \$10,000</td> </tr> </table>	General Aggregate	\$2,000,000	Products / Completed Operations Aggregate	\$2,000,000	Each Occurrence	\$2,000,000	Personal & Advertising Injury	\$2,000,000 Per Person / Organization	Other Includes Per Job Aggregate & "XCU" Coverages	Other Damages to Premises: \$100,000 and Medical Payments: \$10,000
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AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	4/1/2011	Vendor's and/or Sub-Contractor's Policy Number.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;">\$2,000,000</td> <td style="width: 30%; text-align: center;">Each Accident—Single Limit B.I. And P.D. Combined</td> </tr> <tr> <td></td> <td style="text-align: center;">Each Person</td> </tr> <tr> <td></td> <td style="text-align: center;">Each Accident or Occurrence</td> </tr> <tr> <td></td> <td style="text-align: center;">Each Accident or Occurrence</td> </tr> </table>	\$2,000,000	Each Accident—Single Limit B.I. And P.D. Combined		Each Person		Each Accident or Occurrence		Each Accident or Occurrence			
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OTHER														

ADDITIONAL COMMENTS Reference Job Number/Location.
Sully-Miller Holding Corporation and its affiliates, subsidiaries including but not limited to Sully-Miller Contracting Company, United Rock Products Corporation, Blue Diamond Inglewood Asphalt Corporation, Southwest Iron Works L.L.C., partners, joint ventures, parent corporations, owners, dbas such as but not limited to Blue Diamond Materials or United Rock Products, directors, officers, employees, agents, representatives shall be named as an Additional Insured.

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

Certificate Holder	Company, Organization or Person performing the work's:	 Geraldine Fernandez AUTHORIZED REPRESENTATIVE
	Name and Address	New York / 0202 114 West 47th St. New York NY 10036
		212-391-7500 PHONE
		4/16/2010 DATE ISSUED