CAMEAND-01

SCASILLAN



CERTIFICATE OF LIABILITY INSURANCE

3/20/2014

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 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	CONTACT Richard Siemer				
CTK North American Insurance Services, LLC 1240 North Lakeview Avenue, #240	PHONE (A/C, No, Ext): (714) 779-2000 FAX (A/C, No): (714)	779-4129			
Anaheim, CA 92807	E-MAIL ADDRESS: rsiemer@ctkins.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Zurich American Insurance Co. of IL	27855			
INSURED	INSURER B: American Guarantee and Liability Ins. Co.	26247			
Cameron and Company, Inc.	INSURER C: CastlePoint National Ins Co	40134			
9081 W. Sahara Avenue, #270	INSURER D:				
Las Vegas, NV 89117	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 ADDLISUBRI POLICY ESF POLICY EXP						
INSR LTR		INSR V		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,0
Α	X COMMERCIAL GENERAL LIABILITY		PRA590830601	3/1/2014	3/1/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,0
						PERSONAL & ADV INJURY	\$ 1,000,0
						GENERAL AGGREGATE	\$ 3,000,0
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,0
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0
Α	ANY AUTO		PRA590830601	3/1/2014	3/1/2015	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 4,000,0
В	X EXCESS LIAB CLAIMS-MADE		UMB549939501	3/1/2014	3/1/2015	AGGREGATE	\$ 4,000,0
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS X OTH- ER	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCPAB0035613	7/1/2013	7/1/2014	E.L. EACH ACCIDENT	\$ 1,000,0
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,0
Α	Crime		PRA590830601	3/1/2014	3/1/2015	\$1,000 Deductible	100,0
Α	Professional Liabili		PRA590830601	3/1/2014	3/1/2015	\$1M/\$3M	
							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) UMBRELLA GOES OVER THE PROFESSIONAL LIABILITY

CERTIFICATE HOLDER	CANCELLATION
************SAMPLE************************************	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
	firms Walling

LOC #: 1_____



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED Cameron and Company, Inc. 9081 W. Sahara Avenue. #270		
CTK North American Insurance Services, LLC				
POLICY NUMBER		Las Vegas, NV 89117		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Remarks:

STOP GAP E/L Stop Gap Employers Liability 03/01/2014-03/01/2015 Zurich American Insurance Company

PRA5908306-01

\$1M - Bodily Injury by Accident \$1M - Bodily Injury by Disease-Each Employee

\$1M - Bodily Injury by Disease-Policy Limit

Workers Compensation - ID 07/01/2013-07/01/3014 Tower Insurance Company of New York WCP-AV00301-13

\$1M - Bodily Injury by Accident

\$1M - Bodily Injury by Disease-Each Employee \$1M - Bodily Injury by Disease-Policy Limit