ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY)	
S 92	DUCER OMPTON INS AGENCY LICE KIP COMPTON 25 S. ORANGE ST, ESCOND		ONLY ANI HOLDER.	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. INSURERS AFFORDING COVERAGE			
	60)746-3200						
INSL				INSURER 8: FARMERS INSURANCE EXCHANGE			
_	LAYMOR TERRACE WEST I/O A MCKIBBIN AND COMP	ANV					
7529 DRAPER AVE. SUITE D				INSURER C: INSURER D:			
LA JOLLA, CA 92037				INSURER E:			
CO	VERAGES		I INSONETTE.				
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT		
	GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
В	X COMMERCIAL GENERAL LIABILITY	00000 04 74	40/04/40	12/01/11	FIRE DAMAGE (Any one fire)	\$ 75,000	
	CLAIMS MADE X OCCUR	60062-64-74	12/01/10		MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
	<u> </u>				GENERAL AGGREGATE	\$2,000,000 \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC		-	:	PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$ 3,000,000	
Α	CLAIMS MADE DEDUCTIBLE		12/01/10	12/01/11	AGGREGATE	\$ 3,000,000	
		09432-82-57				\$	
	RETENTION \$	·		<u>.</u>	WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				TORY LIMITS ER	-	
					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT		
В	OTHER PROPERTY COV 125% REPLACEMENT COST	60062-64-74	12/01/10	12/01/11	\$47,797,500 (\$10,000		
nee-		HICLES/EXCLUSIONS ADDED BY ENDORSE	MENT/SPECIAL PROVISION	 !S			
DES	CHIPTION OF OPERA HUNS/LOCATIONS/VEI	Eſ	MPLOYEE DI	SHONEST	Y/FIDELITY - \$5 LIABILITY - \$1	· .	
	TITION TE HOLDED	DITIONAL INSURED: INSURER LETTER:	CANCELLAT	TON			
A 7	ATIFICATE HOLDER ADD MCKIBBIN AND CON 529 DRAPER AVE. S A JOLLA, CA 92037	MPANY	SHOULD ANY OF DATE THEREOF NOTICE TO THE	CANCELLATION 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			