

**Public Building Commission of Chicago Standard Terms and Conditions – PS1877
Contract For Goods Less Than \$25,000**

This Contract is made and dated July 20, 2011 by and between:

PBC: Public Building Commission of Chicago 50 West Washington, Chicago, Illinois 60602 ("PBC") and


Seller: 3 Degrees Group, Inc
38 Keyes Ave, Suite 300
San Francisco, CA 94129

For the purchase of:
Green Power Renewable Energy Certificates
(West Humboldt (RM Daley) Branch Library)

At the Lump Sum Fee: \$331.66

Public Building Commission of Chicago
By: 
Erin Lavin Cabonargi

Title: Executive Director
Date: 8/19/11

Seller: 3 Degrees Group, Inc
By: 
Title: **Darren Karopczyc**
Senior Manager,
Trade Operations
Date: _____
3Degrees Group, Inc.

1. Warranties. The Seller warrants that all Goods delivered under this Contract are now, and at the time of delivery will be: free from defects in materials and workmanship; free from defects in design and suitable for the intended purposes; free from any security interest or other lien or encumbrance. Seller neither knows, nor has reason to know, of the existence of any outstanding title or claim hostile to the Seller's rights in the Goods. The Goods shall comply with all applicable federal, state and local laws and regulations and conform to the terms of this Contract. The warranties herein shall survive any inspection, delivery, acceptance or payment by the PBC.

2. Compliance With Laws. In performing under this Contract, Seller shall comply with all applicable federal, state and local laws and regulations.

3. Time Is Of The Essence. Time is of the essence for this Contract.

4. Delivery, Inspection And Acceptance Of The Goods. The risk of loss or damage to the Goods shall remain with the Seller until the Goods are delivered to the PBC in accordance with the terms hereof. Passing title on delivery will not constitute acceptance of the Goods. [Notwithstanding any prior payments by the PBC, all Goods shall be subject to final inspection and acceptance at the PBC's office.] The PBC shall not be deemed to have accepted the Goods until it has had a reasonable opportunity to inspect and/or test the Goods, which shall be a minimum of thirty (30) days after the date upon which the Goods are delivered.

5. Rejection of Goods. If the PBC rejects any Goods for failure to conform to the requirements of this Contract, the PBC shall notify the Seller of the rejection, and the Seller shall have the option of repairing or replacing the Goods within fifteen (15) days. The rejected Goods shall be returned to Seller, at Seller's expense. If the Seller fails to repair or replace the rejected Goods, the PBC shall have the option of terminating this Contract.

6. Invoices. The Seller shall deliver to the PBC, to the address specified by the PBC, an invoice for the Goods upon or within seven (7) days of the Seller's delivery of the Goods. The invoice shall be signed by the Seller, shall reference this Contract, and shall specify the number of Goods delivered, the unit price, the total price and the date the Goods were delivered.

7. Payment. If the Seller has complied with all terms and conditions of this Contract, the PBC shall make payment to the Seller within thirty (30) days after the delivery of the Seller's invoice to the PBC. ***The PBC's payment for the Goods shall not constitute a waiver by the PBC of any term or condition of this Contract.***

8. No Waivers. Any failure by the PBC to enforce any provision of this Contract shall not constitute a waiver of the provision or prejudice the right of the PBC to enforce the provision at any subsequent time.

9. Governing Law. The laws of the State of Illinois shall govern this Contract.

10. Choice of Forum. Any suit regarding this Contract or breach of any of the terms hereof shall be brought only in courts located in Chicago, Illinois; and the parties consent to the jurisdiction of the courts located in Chicago, Illinois.

11. Indemnity. The Seller shall defend, indemnify and hold the PBC, City of Chicago and its commissioners, officers, agents, officials, and employees harmless against any and all claims, demands, suits, losses, costs and expenses (including

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but not limited to attorneys fees) for personal injury and property damage, arising out of or in connection with the Goods delivered or provided by Seller, or any person employed by Seller, to the maximum extent permitted by law. The Seller's obligation to defend, indemnify and hold the PBC harmless shall survive the expiration, termination or cancellation of this Contract and shall include the payment of any and all attorneys' fees and costs incurred by the PBC in defending any such claim.

12. Insurance – The Seller shall procure and maintain at all times, at Seller's expense, workers compensation, comprehensive general liability and automobile liability insurance, in amounts specified by the PBC, as set forth in Exhibit A, and which name the PBC as an additional insured on a primary, non-contributory basis. Seller will include a waiver of *Kotecki v. Cyclops Welding Corporation*, 146 Ill.2d 155 (1991) endorsement specifically insuring Seller's obligations pursuant to its waiver of Kotecki rights.

13. Taxes. PBC is exempt from the payment of (1) Retailers' Occupation Tax, (2) the Service Occupation Tax (state and local), (3) Use taxes; and (4) federal excise taxes. The PBC will deduct any such taxes the Seller includes in this Contract. The PBC's Illinois Department of Revenue tax exemption number is E9978-1506-06.

14. Amendments. Oral statements and understandings are not valid or binding, and this Contract may not be changed or amended except by a written amendment signed by both parties.

15. Termination. The PBC reserves the right to terminate this Contract at anytime by providing written notice to the Seller.

16. Notices. All notices and other communications required under this Contract must be given in writing by either personal delivery, United States mail, or registered mail, addressed to the respective parties at the addresses indicated above.

17. Remedies. The remedies reserved in this Contract are cumulative and in addition to any other remedies provided in law or equity.

18. Headings. Headings used in this Contract are for convenience and reference only and not affect the interpretation of this Contract.

19. Partial Invalidity. If any provision of this Contract is or becomes void or unenforceable by force or operation of law, the other provisions will remain valid and enforceable.

**Public Building Commission of Chicago Standard Terms and Conditions – PS1877
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Exhibit A

VENDOR is to provide Green-e certified power Renewable Energy Certificates (REC) to offset 70% of the projected electrical use of the West Humboldt (RM Daley) Branch Library project over the first 2 years of building occupancy or a REC purchase start date of 06/01/11. Vendor to provide paperwork for LEED submittal to earn Energy and Atmosphere credit 6 and credit for innovation and design for double Green Power.

- Vendor will send attestation of exact facilities from which they source the RECs at close of each year.
- West Humboldt Park (R.M. Daley) branch library – offset 322,000 kWh (230,000 kWh/Y * 2 yrs * 70%)
- Based on actual month / year of occupancy –June 2011 for R. M. Daley.
- RECs to be delivered on or before April 15th following each Green-e Vintage Year"

VINTAGES AS FOLLOWS WITH COVERAGE BEGINNING 6/1/11:

2011: 94 MWh

2012: 161 MWh

2013: 67 MWh

% Offset	Points	REC Options	Annual MWh	Total MWh (Two Years)	Cost/ MWh	Total Cost
With RECs	Available	National Wind Energy	161	322	\$1.03	\$331.66
70.0%	2					

To coordinate the deliverables, please Contact Deeta Bernstein with the PBC at 312-744-0313, email: Deeta.Bernstein@cityofchicago.org

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Exhibit B

COMPENSATION OF THE VENDOR

B.1 VENDOR'S FEE

- B.1.1 The Commission shall pay the Vendor for the satisfactory performance of the Services a **Lump Sum Fee ("Fee")** of **\$331.66** for all Work included in Exhibit A, inclusive of direct expenses. The Fee will, in the absence of a change in scope of the Project by the Commission or the issuance of Commission-originated amendments constitute the Vendor's full fee for Services.
- B.1.2 Vendor's Fee will include profit, overhead, general conditions, materials, equipment, computers, vehicles, office labor, field labor, insurance, deliverables, and any other costs incurred in preparation and submittal of deliverables.

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**Exhibit C
INSURANCE REQUIREMENTS**

The Seller must provide and maintain at Seller's own expense, until expiration or termination of the Agreement and during the time period following expiration if Seller is required to return and perform any additional work, the minimum insurance coverage and requirements specified below, insuring all operations related to the Agreement.

C.1. INSURANCE TO BE PROVIDED

C.1.1. Workers' Compensation and Employers Liability

Workers' Compensation Insurance, as prescribed by applicable law covering all employees who are to provide a service under the Agreement and Employers Liability coverage with limits of not less than \$500,000 each accident, illness or disease.

C.1.2. Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$1,000,000 per occurrence for bodily injury, personal injury, and property damage liability. Coverage must include the following: All premises and operations, products/completed operations, defense, and contractual. The Public Building Commission of Chicago and the City of Chicago must be named as Additional Insured on a primary, non-contributory basis for any liability arising directly or indirectly from the work.

C.2. ADDITIONAL REQUIREMENTS

The Seller must furnish the Public Building Commission Procurement Department, Richard J. Daley Center, Room 200, Chicago, IL 60602, original Certificates of Insurance, or such similar evidence, to be in force on the date of this Agreement, and Renewal Certificates of Insurance, or such similar evidence, if any insurance coverage has an expiration or renewal date occurring during the term of this Agreement. The Seller must submit evidence of insurance to the Commission before award of Agreement. The receipt of any certificate does not constitute agreement by the Commission that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. The failure of the Commission to obtain certificates or other insurance evidence from Seller is not a waiver by the Commission of any requirements for the Seller to obtain and maintain the specified coverage. The Seller will advise all insurers of the Agreement provisions regarding insurance. Non-conforming insurance does not relieve Seller of the obligation to provide insurance as specified in this Agreement. Non-fulfillment of the insurance conditions may constitute a breach of the Agreement, and the Commission retains the right to stop work until proper evidence of insurance is provided, or the Agreement may be terminated.

The Commission reserves the right to obtain copies of insurance policies and records from the Seller and/or its subcontractors at any time upon written request.

The insurance must provide for 30 days prior written notice to be given to the Commission if any policies are canceled, substantially changed, or non-renewed.

Any deductibles or self-insured retentions on referenced insurance must be borne by Seller.

The Seller hereby waives and agrees to require their insurers to waive their rights of subrogation against the Public Building Commission of Chicago and the City of Chicago, their respective Board members, employees, elected and appointed officials, and representatives.

The insurance coverage and limits furnished by Seller in no way limit the Seller's liabilities and responsibilities specified within the Agreement or by law.

Any insurance or self-insurance programs maintained by the Commission, Chicago Park District, the Board of Education of the City of Chicago and the City of Chicago do not contribute with insurance provided by the Seller under the Agreement.

The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in the Agreement given as a matter of law.

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If Seller is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured

The Seller must require all its subcontractors to provide the insurance required in this Agreement, or Seller may provide the coverage for its subcontractors. All subcontractors are subject to the same insurance requirements of Seller unless otherwise specified in this Agreement.

If Seller or its subcontractors desire additional coverage, the party desiring the additional coverage is responsible for the acquisition and cost.

The Commission's Risk Management Department maintains the rights to modify, delete, alter or change these requirements.

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Exhibit D

DISCLOSURE OF RETAINED PARTIES

A. Definitions and Disclosure Requirements

1. As used herein, "Vendor" means a person or entity who has any contract or lease with the Public Building Commission of Chicago ("Commission").
2. Commission bids, leases, contracts, and/or qualification submittals must be accompanied by a disclosure statement providing certain information about lobbyists whom the Vendor has retained or expects to retain with respect to the contract or lease. In particular, the Vendor must disclose the name of each such person, his or her business address, the name of the relationship, and the amount of fees paid or estimated to be paid. The Vendor is not required to disclose employees who are paid solely through the Vendor's regular payroll.
3. "Lobbyists" means any person (a) who for compensation or on behalf of any person other than himself undertake to influence any legislative or administrative action, or (b) any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

B. Certification

Vendor hereby certifies as follows:

1. This Disclosure relates to the following transaction: PS1877

Description or goods or services to be provided under Contract: Renewable Energy Certificates

2. Name of Vendor: _____

3. **EACH AND EVERY** lobbyist retained or anticipated to be retained by the Vendor with respect to or in connection with the contract or lease is listed below. Attach additional pages if necessary.

Retained Parties:

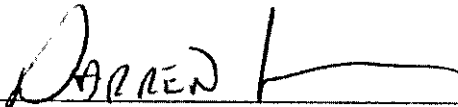
Name	Business Address	Relationship (Attorney, Lobbyist, etc.)	Fees (Indicate whether paid or estimated)

Check Here If No Such Persons Have been Retained or Are Anticipated To Be Retained: X

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4. The Vendor understands and agrees as follows:
- a. The information provided herein is a material inducement to the Commission execution of the contract or other action with respect to which this Disclosure of Retained Parties form is being executed, and the Commission may rely on the information provided herein. Furthermore, if the Commission determines that any information provided herein is false, incomplete, or inaccurate, the Commission may terminate the contract or other transaction; terminate the Vendor's participation in the contract or other transactions with the Commission.
 - b. If the Vendor is uncertain whether a disclosure is required, the Vendor must either ask the Commission's Representative or his or her manager whether disclosure is required or make the disclosure.
 - c. This Disclosure of Retained Parties form, some or all of the information provided herein, and any attachments may be made available to the public on the Internet, in response to a Freedom of Information Act request, or otherwise. The Vendor waives and releases any possible rights or claims it may have against the Commission in connection with the public release of information contained in the completed Disclosure of Retained Parties form and any attachments.


Under penalty of perjury, I certify that I am authorized to execute this Disclosure of Retained Parties on behalf of the Vendor and that the information disclosed herein is true and complete.




Signature

8/15/11

Date

 Dawn Karopczyc
Senior Manager,
Trade Operations

Name (Type or Print)
 Group, Inc.

Title

Subscribed and sworn to before me

this _____ day of _____ 20__

Notary Public

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Exhibit E

**PUBLIC BUILDING COMMISSION AGREEMENT – PS1866
M/WBE REPORT
Contract For Services Less Than \$25,000**

MBE/WBE Certifications

Is your organization currently certified as a Minority-Owned Business Enterprise ("MBE") or Women-Owned Business Enterprise ("WBE") with any of the following agencies or organizations?

____ Yes No

If "Yes" check and **ATTACH copy of current Letter of Certification:**

Certifying Agency:

State of Illinois - Department of Central Management Services _____
Women's Business Development Center _____
Chicago Minority Business Development Council _____
City of Chicago _____
County of Cook _____
Metropolitan Water Reclamation District _____

Category:

MBE _____
WBE _____

If yes, please submit a one current copy of your firm's letter of certification from no more than one of the applicable agencies listed above.

Company Name

Date

Print Name

Signature

THE HARTFORD - PRODUCTION STATUS CENTER
HARTFORD PLAZA, NP-6-1
HARTFORD, CT 06115

46 UUN JW2814

THE HARTFORD

3600 WISEMAN BLVD.

SAN ANTONIO

TX 78251

66300

10104182MJ9400012*



REGIONAL OFFICE INSTRUCTION SHEET

POLICY NO. 46 UUN JW2814

ROUTING INSTRUCTIONS:

- SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.
- POLICY IS ELIGIBLE FOR GL E&S /IRPM RATING
- RECORDS - ATTACH OA-1111 TO EXPIRING POLICY



RENEWAL TRANSFER

EXPIRING POLICY NUMBER: 57 UUN NH7584

EXPIRATION YEAR: 11

NEW POLICY NUMBER: 46 UUN JW2814

ATTENTION RECORDS DEPARTMENT

ATTACH THIS NOTICE TO THE FACE OF THE EXPIRING DAILY REPORT

00394

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**DESTROY
DATE: X**

POLICY FACE SHEET

14

28 INSURER:
JW HARTFORD INSURANCE GROUP
UUN

POLICY NO.: 46 UUN JW2814 DE

COMMON POLICY DECLARATIONS

ITEM

1. NAMED INSURED AND MAILING ADDRESS: 3 DEGREES GROUP INC.
SEE FORM IH1200
38 KEYES AVENUE STE 300
SAN FRANCISCO CA 94129
(SAN FRANCISCO COUNTY)
2. POLICY PERIOD: FROM 02/14/11 TO 02/14/12
3. AGENT'S OR BROKER'S CODE: 505009 RECORDS RETENTION - PERMANENT
AGENT'S OR BROKER'S NAME: INSUREZONE.COM OF TEXAS INC

PREVIOUS POLICY NO.: 57 UUN NH7584
4. AUDIT PERIOD: ANNUAL
5. NAMED INSURED IS: LLC
6. DESCRIPTION OF YOUR BUSINESS: BUSY AND SELLS NATURAL ELECTRIC POWER

PROPERTY COMPANY CODE: 3
GENERAL LIABILITY COMPANY CODE: G
AUTO COMPANY CODE: 7
POLICY STATUS: ACTIVE - REWRITE OF 57UU NH7584
LOB LEVEL OF SUPPORT: CP-S, GL-S, AUTO-S
AUDIT: (4) GL, (5) CP, (5) AUTO

UNDERLYING TO UMBRELLA: 57 RHU NH7481
DIRECT ACCOUNT BILL NUMBER: 11890526
DIR SING BILL - MONTHLY/3 MO DOWN: INSURED

MARKET SEGMENTATION - 836 SIC CODE - 5963
E-COMMERCE ID: 3

AUTOMATICALLY BOOKED

TRANS TYPE: C/RW CNTL#: 001
FACE SHEET TERMINAL ID: P1DAR22C PAGE 1
01/31/11 46 UUN JW2814 DE (02/14/12)

00395

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This SPECIAL MULTI-FLEX POLICY is provided by the stock insurance company(s) of The Hartford Insurance Group, shown below.

COMMON POLICY DECLARATIONS



POLICY NUMBER: 46 UUN JW2814 DE
RENEWAL OF: 57 UUN NH7584

Named Insured and Mailing Address:
(No., Street, Town, State, Zip Code)

3 DEGREES GROUP INC.
SEE IH1200
38 KEYES AVENUE STE 300
SAN FRANCISCO , CA 94129
(SAN FRANCISCO COUNTY)

Policy Period:

From 02/14/11 **To** 02/14/12

12:01 A.M. , Standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy. The Coverage Parts that are a part of this policy are listed below. The Advance Premium shown may be subject to adjustment.

Total Advance Premium: \$10,664.00

Coverage Part and Insurance Company Summary

Advance Premium

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

PROPERTY CHOICE
HARTFORD CASUALTY INSURANCE COMPANY
HARTFORD PLAZA
HARTFORD, CT 06115

\$ 1,680.00

LISTING OF ADDITIONAL COVERAGE PARTS CONTINUED ON THE FOLLOWING PAGE.

Form Numbers of Coverage Parts, Forms and Endorsements that are a part of this policy and that are not listed in the Coverage Parts.

HM0001 HM00100107SD4 IL00171198 IH09850108 IH99400409 IH99410409

LISTING OF ADDITIONAL FORM NUMBERS CONTINUED ON A SUBSEQUENT PAGE.

Agent/Broker Name: INSUREZONE.COM OF TEXAS INC

Countersigned by
(Where required by law)

Authorized Representative

Date

00396

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COMMON POLICY DECLARATIONS (Continued)

POLICY NUMBER: 46 UUN JW2814

ADDITIONAL COVERAGE PARTS (CONTINUED)

COVERAGE PART AND INSURANCE COMPANY SUMMARY ADVANCE PREMIUM

COMMERCIAL AUTO
TWIN CITY FIRE INSURANCE COMPANY
HARTFORD PLAZA
HARTFORD, CT 06115 \$ 268.00

COMMERCIAL GENERAL LIABILITY
EMPLOYEE BENEFITS LIABILITY
HARTFORD INSURANCE COMPANY OF THE MIDWEST
HARTFORD PLAZA
HARTFORD, CT 06115 \$ 8,716.00

FORM NUMBERS OF COVERAGE PARTS, FORMS AND ENDORSEMENTS THAT ARE A PART OF THIS POLICY AND THAT ARE NOT LISTED IN THE COVERAGE PART. (CONTINUED)

IL00210908 IL02700908 PC00010109 HA00250204 HC00100798 HC00200295
IH12001185 LOSS PAYEE
IH12001185 NAMED INSURED

COMMON POLICY DECLARATIONS (CONTINUED)



POLICY NUMBER: 46 UUN JW2814

SUPPLEMENTAL DECLARATIONS:

A service fee of \$ 7.00 is charged for each installment when your premium is paid in installments. The service fee is \$ 0.00 per withdrawal when you select an electronic funds transfer payment plan. The service fee will be added to the premium amount shown on your premium billing statement.

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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

TERRORISM PREMIUM (CERTIFIED ACTS)

Coverage:	Premium (If Covered):	
PROPERTY	\$	51.00
GENERAL LIABILITY	\$	85.00
TOTAL	\$	136.00

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for certified acts of terrorism under TRIA. The portion of your premium attributable to such coverage is shown above in this endorsement.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of such insured losses that exceeds the applicable insurer deductible. However, if aggregate insured losses attributable to certified acts of terrorism under TRIA exceed \$100 billion in a Program Year (January 1 through December

31), the Treasury shall not make any payment for any portion of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to certified acts of terrorism under TRIA, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. All other terms and conditions remain the same.

POLICY NUMBER: 46 UUN JW2814



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYEE

THIS ENDORSEMENT ALSO APPLIES TO THE COMMERCIAL AUTO COVERAGE PART.

THE PRESIDIO TRUST, ITS DIRECTORS, OFFICERS AND
THE PRESIDIO OF SAN FRANCISCO
34 GRAHAM ST., PO BOX 29052
SAN FRANCISCO, CA 94129

00398

*2100046JW28140101



POLICY NUMBER: 46 UUN JW2814



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED

THIS ENDORSEMENT ALSO APPLIES TO THE COMMERCIAL AUTO COVERAGE PART.

3 DEGREES GROUP INC.
CLIMATE SOLUTIONS INC.



Named Insured: 3 DEGREES GROUP INC.

Policy Number: 46 UUN JW2814

Effective Date: 02/14/11

Expiration Date: 02/14/12

Company Name: INSUREZONE.COM OF TEXAS INC

00399

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.



PROPERTY CHOICE COVERAGE PART - DECLARATIONS



POLICY NUMBER: 46 UUN JW2814

This PROPERTY CHOICE COVERAGE PART consists of:

- A. This Declarations;
- B. Property Choice Schedule of Premises and Coverages;
- C. Property Choice Conditions and Definitions;
- D. Property Choice Coverage Form;
- E. Property Choice Specialized Property Insurance Coverages;
- F. Property Choice Covered Causes of Loss and Exclusions Form; and
- G. Any other Coverage Forms, Conditions Forms, Endorsements and Schedules issued to be a part of this Coverage Part and listed below.

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Definitions found in the Property Choice Conditions and Definitions (Form Number PC 00 90).

ADVANCE PREMIUM: \$1,680.00

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Property Choice Declarations" or the "Common Policy Declarations".

All Schedules listed on this Declarations are part of this Declarations.

Form Numbers of Coverage Forms, Endorsements, and Schedules that are a part of this Coverage Part:

PC00910109 PC00020109T PC26010109 PC20230109 PC99070103 PC20250109
PC00900109 PC26020109 IH09400108 PC00100109 PC00200109 PC00300109
PC10100109 PC10190103 PC30041104 PC30600699 PC31040310 PC31241008
PC31360108 PC31460109

00400

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**PROPERTY CHOICE - SCHEDULE OF
PREMISES AND COVERAGES**



POLICY NUMBER: 46 UUN JW2814

PROPERTY CHOICE - SCHEDULED PREMISES

INSURANCE APPLIES ONLY TO A SCHEDULED PREMISES AND TO BUILDING OR BUSINESS
PERSONAL PROPERTY COVERAGE FOR WHICH A SPECIFIC LIMIT OF INSURANCE IS SHOWN
ON PROPERTY CHOICE - SCHEDULED PREMISES.

VALUATION PROVISION:

REPLACEMENT COST (SUBJECT TO LIMITATIONS) APPLIES TO THE TYPES OF COVERED
PROPERTY INSURED UNDER THIS POLICY. FOR VALUATION THAT APPLIES TO A
SPECIFIC PREMISES SEE: PROPERTY CHOICE - SCHEDULED PREMISES.

PROPERTY CHOICE - BUSINESS INTERRUPTION AT SCHEDULED PREMISES

INSURANCE APPLIES ONLY TO A SCHEDULED PREMISES AND TO BUSINESS INTERRUPTION
COVERAGE FOR WHICH A SPECIFIC LIMIT OF INSURANCE IS SHOWN ON PROPERTY
CHOICE - SCHEDULED PREMISES.

COINSURANCE PROVISION:

COINSURANCE DOES NOT APPLY TO THE COVERAGES SHOWN ON THIS POLICY.

CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT BREAKDOWN

FOR INSURANCE THAT APPLIES TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE -
SCHEDULED PREMISES.

THE MOST WE WILL PAY IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT TO EQUIPMENT
BREAKDOWN PROPERTY IS THE LESSER OF THE APPLICABLE BUILDING, BUSINESS
PERSONAL PROPERTY AND BUSINESS INTERRUPTION LIMITS OF INSURANCE OR
\$100,000,000.

COVERAGE EXTENSIONS: THE FOLLOWING COVERAGE EXTENSIONS LIMITS OF INSURANCE
ARE INCLUDED IN THE CAUSES OF LOSS - ADDITIONAL COVERAGE - EQUIPMENT
BREAKDOWN AND APPLY IN ANY ONE EQUIPMENT BREAKDOWN ACCIDENT TO EQUIPMENT
BREAKDOWN PROPERTY.

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 46 UUN JW2814

LIMITS OF INSURANCE

CFC REFRIGERANTS:

INCLUDED IN THE LIMIT
OF INSURANCE APPLICABLE
TO EQUIPMENT BREAKDOWN

HAZARDOUS SUBSTANCES:
SPOILAGE:
EXPEDITING EXPENSES:

\$100,000
\$100,000
\$100,000

DEDUCTIBLES

FOR DEDUCTIBLES THAT APPLY TO A SPECIFIC PREMISES SEE: PROPERTY CHOICE -
SCHEDULED PREMISES.

THE FOLLOWING DEDUCTIBLE(S) SHALL APPLY TO LOSS OR DAMAGE:

BY COVERED LOSS,
IN ANY ONE OCCURRENCE: \$500

PROPERTY CHOICE - SCHEDULED PREMISES

THE FOLLOWING LIMITS OF INSURANCE APPLY IN ANY ONE OCCURRENCE UNLESS
OTHERWISE STATED.

* * * * *

PREMISES NO. 1

ADDRESS:

5 FUNSTON AVE STE A
SAN FRANCISCO, CA 94129
SAN FRANCISCO COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY LIMIT OF INSURANCE

BUSINESS PERSONAL PROPERTY (INCLUDING STOCK): \$33,800

00401

*2100046JW28140101



PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 46 UUN JW2814

PREMISES 1 CONTINUED

PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
SPECIAL BUSINESS INCOME: ORDINARY PAYROLL IS INCLUDED	\$70,000

* * * * *

PREMISES NO. 2

ADDRESS:

1306 NW HOYT ST STE 201
PORTLAND, OR 97209
MULTNOMAH COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	\$18,700

* * * * *

PREMISES NO. 3

ADDRESS:

1641 WASHINGTON AVE
SAINT LOUIS, MO 63103
SAINT LOUIS CITY COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	\$13,500

PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES (continued)

POLICY NUMBER: 46 UUN JW2814

* * * * *

PREMISES NO. 4

ADDRESS:

2800 156TH AVE SE
BELLEVUE, WA 98007
KING COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	\$15,600

* * * * *

PREMISES NO. 5

ADDRESS:

38 KEYS AVE STE 300
SAN FRANCISCO, CA 94129
SAN FRANCISCO COUNTY

DESCRIPTION OF COVERAGE OR PROPERTY	LIMIT OF INSURANCE
BUSINESS PERSONAL PROPERTY (INCLUDING STOCK):	\$102,000

PROPERTY CHOICE - BUSINESS INTERRUPTION	LIMIT OF INSURANCE
SPECIAL BUSINESS INCOME: ORDINARY PAYROLL IS INCLUDED	\$80,105

00402

*2100046JW28140101





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PROPERTY CHOICE BUSINESS INTERRUPTION -
ADDITIONAL COVERAGES -
REVISED LIMITS OF INSURANCE**

This Endorsement modifies insurance provided under the following:

- PROPERTY CHOICE SPECIAL BUSINESS INCOME - ADDITIONAL COVERAGES
- PROPERTY CHOICE BUSINESS INCOME - ADDITIONAL COVERAGES
- PROPERTY CHOICE PROFESSIONAL BUSINESS INCOME - ADDITIONAL COVERAGES
- PROPERTY CHOICE RENTAL INCOME - ADDITIONAL COVERAGES
- PROPERTY CHOICE EXTRA EXPENSE - ADDITIONAL COVERAGES

Schedule

The following Revised Limit of Insurance is the most we will pay for that particular Additional Coverage:

Additional Coverage	Revised Limit of Insurance
ELECTRONIC VANDALISM: SPECIAL BUSINESS INCOME:	NOT COVERED

**COMMERCIAL AUTOMOBILE
COVERAGE PART - DECLARATIONS
BUSINESS AUTO COVERAGE FORM**



POLICY NUMBER: 46 UUN JW2814

This COMMERCIAL AUTOMOBILE COVERAGE PART consists of:

- A. This Declarations Form;
- B. Business Auto Coverage Form; and
- C. Any Endorsements issued to be a part of this Coverage Form and listed below.

ITEM ONE - NAMED INSURED AND ADDRESS

The Named Insured is stated on the Common Policy Declarations.

ADVANCE PREMIUM: \$ 268.00

AUDIT PERIOD:

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HA00040302	CA00011001	CA01430507	CA20480299	HA00241290
HA99040187	HA99081290	HA99160910	HA99260406	

00403

*2100046JW28140101



**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 46 UUN JW2814

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the advance premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
LIABILITY	08,09	\$ 1,000,000	\$ 268.00
PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage)		Separately stated in each Personal Injury Protection Endorsement.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault coverage)		Separately stated in each Added Personal Injury Protection Endorsement.	
OPTIONAL BASIC ECONOMIC LOSS (New York only)		\$25,000 each eligible injured person.	
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the Property Protection Insurance Endorsement.	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		Separately stated in the Medical Expense and Income Loss Benefits Endorsement.	
AUTO MEDICAL PAYMENTS		\$ or the limit separately stated for each "auto" in ITEM THREE.	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorist Coverage)		\$	

**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 46 UUN JW2814

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS (Continued)

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Advance Premium
PHYSICAL DAMAGE		See ITEM FOUR for hired or borrowed "autos".	
COMPREHENSIVE COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	
SPECIFIED CAUSES OF LOSS COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus \$ deductible for each covered "auto" for "loss" caused by mischief or vandalism.	
COLLISION COVERAGE		Actual Cash Value, Cost of Repair, or the Stated Amount shown in ITEM THREE, whichever is smallest, minus any deductible shown in ITEM THREE for each covered "auto".	
TOWING AND LABOR		\$ or the amount separately stated for each "auto" in ITEM THREE, whichever is greater, for each disablement.	
Endorsement Premium (Not included above)			
TOTAL ADVANCE PREMIUM:			\$ 268.00

00404

*2100046JW28140101



**COMMERCIAL AUTOMOBILE
 COVERAGE PART - DECLARATIONS
 BUSINESS AUTO COVERAGE FORM (Continued)**

POLICY NUMBER: 46 UUN JW2814

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Applicable only if "Schedule of Covered Autos You Own" is issued to form a part of this Coverage Form.
 FORM HA0012 NOT ATTACHED

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE

RATING BASIS IS COST OF HIRE. Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

State	Estimated Cost of Hire IF ANY	Rate Per Each \$100 Cost of Hire 2.075	Advance Premium \$ 129.00 MP
-------	----------------------------------	---	---------------------------------

TOTAL ADVANCE PREMIUM: \$ 129.00 MP

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Advance Premium
Other than a Social Service Agency	Number of Employees Number of Partners	25	\$ 139.00
Social Service Agency	Number of Employees Number of Volunteers		

TOTAL ADVANCE PREMIUM: \$ 139.00 MP

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

ECB MANAGEMENT SERVICES, INC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

00405

*2100046JW28140101



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

GORDON AND BETTY MOORE FOUNDATION

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

THE PRESIDIO TRUST

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

00406

*2100046JW28140101



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

PRESIDIO INTERNET CENTER, LLC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

COMMERCIAL GENERAL LIABILITY COVERAGE PART - DECLARATIONS



POLICY NUMBER: 46 UUN JW2814

This COMMERCIAL GENERAL LIABILITY COVERAGE PART consists of:

- A. This Declarations;
- B. Commercial General Liability Schedule;
- C. Commercial General Liability Coverage Form; and
- D. Any Endorsements issued to be a part of this Coverage Part and listed below.

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Policy that apply, are:

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit - Any One Premises	\$300,000
Medical Expense Limit - Any One Person	\$10,000
Personal and Advertising Injury Limit	\$1,000,000
General Aggregate Limit, (other than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
ADVANCE PREMIUM:	\$8,575.00

AUDIT PERIOD: ANNUAL AUDIT

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HC70010605	CG00670305	CG21160798	CG22501188	HC00880605
HC00950106	HC21020786	HC21141001	HC21231001	HC23700108
HG00010605	HG21020204	CG20260704	CG32340105	HC21900608
HC12101185T				
IH12011185	WAIVER OF SUBROGATION FORM	CG2404		
IH12011185	ADDITIONAL INSURED FORM	CG2011		

Form HC 00 10 07 98

00407

*2100046JW28140101



POLICY NUMBER: 46 UUN JW2814

COMMERCIAL GENERAL LIABILITY
CG 21 16 07 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESIGNATED PROFESSIONAL SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Professional Services:

ALL PROFESSIONAL LIABILITY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any professional services shown in the Schedule, the following exclusion is added to Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability and Paragraph 2., Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" due to the rendering of or failure to render any professional service.

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CG 21 16 07 98 SEQ.NO. 01



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESIGNATED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description of Operations:

ALL INSTALLATION OF ANY TYPE OF SOLAR HEATERS OR PANELS; WHETHER THE
INSTALLATION IS PERFORMED BY THE NAMED INSURED OR THROUGH
SUB-CONTRACTORS

Location:

POLICY TERRITORY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of operations described and at locations shown in the Schedule.

00408

*2100046JW28140101



POLICY NUMBER: 46 UUN JW2814



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

WAIVER OF SUBROGATION FORM CG2404

COMMERCIAL GENERAL LIABILITY COVERAGE PART

ECB MANAGEMENT SERVICES, INC
GORDON AND BETTY MOORE FOUNDATION
THE PRESIDIO TRUST
PRESIDIO INTERNET CENTER, LLC

POLICY NUMBER: 46 UUN JW2814



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED FORM CG2011

COMMERCIAL GENERAL LIABILITY COVERAGE PART

IT IS HEREBY AGREED AND UNDERSTOOD THAT FORM CG2011 ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES IS ADDED TO THIS POLICY PER THE ATTACHED.

00409

*2100046JW28140101



**EMPLOYEE BENEFITS LIABILITY
COVERAGE PART - DECLARATIONS (CLAIMS MADE)**



POLICY NUMBER: 46 UUN JW2814

This EMPLOYEE BENEFITS LIABILITY COVERAGE PART (CLAIMS MADE) consists of:

- A. This Declarations;
- B. Commercial General Liability Schedule;
- C. Employee Benefits Liability Coverage Form; and
- D. Any Endorsements issued to be a part of this Coverage Part and listed below.

Retroactive Date: 02/14/10 . If no date is entered, the Retroactive Date is the Inception Date of the Policy Period stated in the Common Policy Declarations.

LIMITS OF INSURANCE

The Limits of Insurance, subject to all the terms of this Policy that apply, are:

Each Claim	\$1,000,000
Aggregate	\$1,000,000

ADVANCE PREMIUM: \$141.00

AUDIT PERIOD: ANNUAL AUDIT

Except in this Declarations, when we use the word "Declarations" in this Coverage Part, we mean this "Declarations" or the "Common Policy Declarations."

Form Numbers of Coverage Forms, Endorsements and Schedules that are part of this Coverage Part:

HC23700108 HC70110286 HC00210799 HC12101185T

00410

*2100046JW28140101



COMMERCIAL GENERAL LIABILITY SCHEDULE



POLICY NUMBER: 46 UUN JW2814

Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

RATING CLASSIFICATIONS

00411
*2100046JW28140101

DESCRIPTION OF HAZARDS: PREMISES/OPERATIONS COVERAGE
REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)
PRMS/BLDG. NO: 005/001 TERR: 001
LOCATION: 38 KEYS AVE STE 300
SAN FRANCISCO
CA. 94129

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 41677
CONSULTANTS - NOC - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS -
PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE GENERAL AGGREGATE
LIMIT

PREMIUM AND RATING BASIS: PAYROLL PER 1,000
EXPOSURE: 3,489,420
RATE: 2.4330
ADVANCE PREMIUM: 8,575.00

DESCRIPTION OF HAZARDS: ADDITIONAL INSURED CG2026
NAME OF PERSON OR ORGANIZATION:
THE CITY OF ROSEVILLE
ITS OFFICERS, AGENTS AND EMPLOYEES
ATTN: RISK MANAGEMENT
311 VERNON STREET
ROSEVILLE CA 95678

REFER TO: COMMERCIAL GENERAL LIABILITY
COVERAGE PART (FORM HC 00 10)
ADVANCE PREMIUM: INCLUDED

COMMERCIAL GENERAL LIABILITY SCHEDULE (Continued)

POLICY NUMBER: 46 UUN JW2814

DESCRIPTION OF HAZARDS: EMPLOYEE BENEFITS COVERAGE
REFER TO: EMPLOYEE BENEFITS LIABILITY
COVERAGE PART (FORM HC 00 20)

CLASSIFICATION CODE NUMBER
AND DESCRIPTION: 30195
EMPLOYEE BENEFITS
PREMIUM AND RATING BASIS: EMPLOYEE PER 1
EXPOSURE: 43
RATE: 0.2160
ADVANCE PREMIUM: 141.00 MP

TOTAL ADVANCE PREMIUM: 8,716.00

POLICY INFORMATION

NAMED INSURED: 3 DEGREES GROUP, INC.
 PRODUCER CODE AND NAME: 505009 INSUREZONE.COM OF TEXAS INC
 COMPANY CODE AND NAME: G HARTFORD INSURANCE COMPANY OF THE MIDWEST
 EFFECTIVE DATE: 02/14/11 EXPIRATION DATE: 02/14/12
 SMF PROGRAM: MERC-DISTRB AUDIT PERIOD: ANNUAL
 YR IN CLAIMS MADE: 2

---- LIMITS OF LIABILITY ----		---- PREMIUM ----	
PREMISES/OPERATIONS		\$	8,575.00
\$ 1,000,000 EACH OCCUR	\$ 2,000,000 AGGR		
EMPLOYEE BENEFITS		\$	141.00
\$ 1,000,000 EACH CLAIM	\$ 1,000,000 AGGR		
---- ADDITIONAL COVERAGES ----			
ADDITIONAL INSURED			INCL
TOTAL PREMIUM		\$	8,716.00*
* INCLUDES TERRORISM PREMIUM OF \$ 85.00			

00412
*2100046JW28140101



POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11
 PRIMARY STATE: CA MARKET SEGMENTATION: 836
 CYBERFLEX ID: 1 (CYBERFLEX)

STATE RATING MODIFICATION FACTORS AND COMMISSION:

STATE CA
 SMF FILED/GUIDE MOD 1.00
 NORMAL LINE COMMISSION 15.0

CLASS INFORMATION

PREMISES/OPERATIONS (SUBLINE 334)

CLASS CODE: 41677 STATE: CA
 CLASS DESCRIPTION
 CONSULTANTS - NOC - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS -
 PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE GENERAL AGGREGATE
 LIMIT

EMPLOYEE BENEFITS (SUBLINE 325)

CLASS CODE: 30195 STATE: CA
 CLASS DESCRIPTION
 EMPLOYEE BENEFITS

PREMISES/OPERATIONS (SUBLINE 334)

STATE: CA TERR: 001 PRMS: 005 BLDG: 001
 ZIP CODE: 94129
 CLASS CODE: 41677 SUBJECT TO AUDIT
 CONSULTANTS - NOC - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS -
 PREMIUM BASIS: PAYROLL RATING BASIS: PER 1000

(*A)1.423 X (D)1.71 X (K)1.00
 = (P)2.433 X ((Q)3,489,420
 / 1000) X (TF)1.0100 = 8,575.00

49950

ADDITIONAL INSURED
 (PRMS/OPS CG2026)

INCL

EMPLOYEE BENEFITS (SUBLINE 325)

STATE: CA
 ZIP CODE: 94129
 CLASS CODE: 30195
 EMPLOYEE BENEFITS
 PREMIUM BASIS: EMPLOYEE RATING BASIS: EACH

KEYS: * = OVERRIDE
 A = BASE RATE
 K = SMF FILED/GUIDE MOD
 Q = EXPOSURE
 D = INCR. LIMIT FACTOR
 P = FINAL RATE
 TF = TERRORISM FACTOR

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

GENERAL LIABILITY DETAIL (CONT)

POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11

(A).153 X (D)1.41 X (K)1.00
= (P).216 X (Q)43 X (TF)1.0100 = 9.00

EMPLOYEE BENEFITS MPD (STD) 132.00

GRAND TOTAL 8,716.00*
* INCLUDES TERRORISM PREMIUM OF 85.00

00413

*2100046JW28140101



KEYS:

- A = BASE RATE
- K = SMF FILED/GUIDE MOD
- Q = EXPOSURE
- D = INCR. LIMIT FACTOR
- P = FINAL RATE
- TF = TERRORISM FACTOR

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY INFORMATION

NAMED INSURED: 3 DEGREES GROUP, INC.
 PRODUCER CODE AND NAME: 505009 INSUREZONE.COM OF TEXAS INC
 COMPANY CODE AND NAME: 3 HARTFORD CASUALTY INSURANCE COMPANY
 POLICY EFFECTIVE DATE: 02/14/11 POLICY EXPIRATION DATE: 02/14/12
 AUDIT PERIOD: NON AUDITABLE

MULTI-FLEX PROGRAM: MERC-DISTRB

DEDUCTIBLE \$500

WAITING PERIOD:
 WEB SITES 12 HOURS
 CIVIL AUTHORITY/DEP PROP 72 HOURS
 UTILITY SERVICES BI/RI 24 HOURS

COVERED PROPERTY	AMT-OF-INS	PREMIUM
BUS PERSONAL PROPERTY	183,600	\$1,287.00
BUSINESS INCOME	150,105	\$268.00
EQUIPMENT BREAKDOWN		\$74.00
TERRORISM		\$51.00
TOTAL PREMIUM		\$1,680.00

SUPPLEMENTAL PREMIUM CALCULATION:
 XWEATHER PREMIUM: \$1,317.00 AVERAGE MOD: 1.150
 WEATHER PREMIUM: \$238.00 AVERAGE MOD: 1.048

00414
*2100046JW28140101



POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID PIDAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11

PRIMARY STATE CA

RATING MODIFICATION FACTORS AND COMMISSIONS

STATE(S)	CA	MO	OR	WA
EXPOSURE MOD:				
X WEATHER	1.150	1.150	1.150	1.150
WEATHER	1.050	1.050	1.050	1.050
NORMAL LINE COMMISSION	15.0	15.0	15.0	15.0
DED EACH OCCURRENCE	500	500	500	500

PREMISES RATING DETAIL

PREMISES 001 STATE: CA

HAZARD CODE: 01

RATE PLAN	YR BLT	TYPE OF POLICY CD DESCRIPTION	PROT CLASS CURR/PREV	XWEATHER CONST	WEATHER CONST	RATE CLASS	CSP TERR	ZIP CODE
	1867	MERC-DISTRB	02 /02	1-FRAME	B	F521	380	94129

DEDUCTIBLE 500 AREA 2,169

5 FUNSTON AVE STE A, SAN FRANCISCO, CA. 94129

BI-SPECIAL EARNINGS % 100 (MERC)

X WEATHER
 (A).184 X (B)1.250 X (C)1.000 X (D)1.150
 X (E)1.000 X (BV).995 X (AJ).600 = (P).158
 X (O)70,000 = 111.00

WEATHER ZONE 1
 (A).059 X (B)1.000 X (D)1.050 X (E)1.000
 X (AJ).600 = (P).037 X (O)70,000 = 26.00

TERRORISM
 (CO)137 X (CP).0300 = 4.00

PERSONAL PROPERTY(INCL STOCK) ITV 2.0

X WEATHER
 (A).444 X (B)1.250 X (C)1.000 X (D)1.150
 X (E)1.136 X (G)1.100 X (BV).990 = (P).790
 X (O)33,800 = 267.00

KEYS:
 A = BASE RATE P = FINAL RATE
 B = CONST FCTR O = LIMIT OF LIABILITY
 C = PROT FCTR CO = TOT PREM
 D = EXPOSURE MOD CP = TERRORISM FCTR
 E = RISK SIZE FCTR G = DED FCTR
 BV = EV EXCL FCTR
 AJ = TE FCTR

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY NUMBER: 46 UUN JW2814 DE

EFFECTIVE DATE: 02/14/11

PREMISES 001 (CONT)

WEATHER ZONE 1
(A).074 X (B)1.000 X (D)1.050 X (E)1.134
X (G)1.100 = (P).097 X (O)33,800 = 33.00

TERRORISM
(CO)300 X (CP).0300 = 9.00

EQUIPMENT BREAKDOWN OCCPCY CODE 260 DED 500
(((AQ)378 X (CW).909) + ((AR)59 X (CX).909))
X (AS).0497 X (G)1.100 = 22.00

TERRORISM
(CO)22 X (CP).0300 = 1.00

PREMISES 002 STATE: OR

HAZARD CODE: 01

RATE YR TYPE OF POLICY PROT CLASS XWEATHER WEATHER RATE CSP ZIP
PLAN BLT CD DESCRIPTION CURR/PREV CONST CONST CLASS TERR CODE
1906 MERC-DISTRB 02 /02 2-MASONRY B F521 261 97209

DEDUCTIBLE 500 AREA 1,560

1306 NW HOYT ST STE 201, PORTLAND, OR. 97209

PERSONAL PROPERTY(INCL STOCK) ITV 2.0
X WEATHER

(A).437 X (B)1.000 X (C)1.000 X (CY)1.000
X (D)1.150 X (E)1.506 X (G)1.100 X (BV).990
= (P).824 X (O)18,700 = 154.00

WEATHER ZONE 1
(A).077 X (B)1.000 X (D)1.050 X (E)1.487
X (G)1.100 = (P).132 X (O)18,700 = 25.00

TERRORISM
(CO)179 X (CP).0300 = 5.00

KEYS:

- A = BASE RATE CO = TOT PREM C = PROT FCTR
B = CONST FCTR CP = TERRORISM FCTR CY = TERR MULT
D = EXPOSURE MOD AQ = TOT XWEATHER PREM BV = EV EXCL FCTR
E = RISK SIZE FCTR CW = EB XWTHR DED ADJ
G = DED FCTR AR = TOT WEATHER PREM
P = FINAL RATE CX = EB WTHR DED ADJ
O = LIMIT OF LIABILITY AS = EQUIP BREAK PCT

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
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POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11

PREMISES 002 (CONT)

EQUIPMENT BREAKDOWN OCCPCY CODE 260 DED 500
 (((AQ)154 X (CW).909) + ((AR)25 X (CX).909))
 X (AS).0453 X (G)1.100 = 8.00

TERRORISM
 (CO)8 X (CP).0300 = 1.00

PREMISES 003 STATE: MO TAX CODE: 9000

HAZARD CODE: 01

RATE PLAN	YR BLT	TYPE OF POLICY CD DESCRIPTION	PROT CLASS CURR/PREV	XWEATHER CONST	WEATHER CONST	RATE CLASS	CSP TERR	ZIP CODE
	1918	MERC-DISTRB	01 /01	2-MASONRY	B	F521	480	63103

DEDUCTIBLE 500 AREA 160,000

1641 WASHINGTON AVE, SAINT LOUIS, MO. 63103

PERSONAL PROPERTY(INCL STOCK) ITV 2.0

X WEATHER
 (A).415 X (B)1.000 X (C)1.000 X (CY)1.000
 X (D)1.150 X (E)1.506 X (G)1.100 X (BV).990
 = (P).783 X (O)13,500 = 106.00

WEATHER ZONE 1
 (A).162 X (B)1.000 X (D)1.050 X (E)1.487
 X (G)1.100 = (P).278 X (O)13,500 = 38.00

TERRORISM
 (CO)144 X (CP).0300 = 4.00

EQUIPMENT BREAKDOWN OCCPCY CODE 260 DED 500
 (((AQ)106 X (CW).909) + ((AR)38 X (CX).909))
 X (AS).0361 X (G)1.100 = 5.00

TERRORISM
 (CO)5 X (CP).0300 = 1.00

PREMISES 004 STATE: WA

HAZARD CODE: 01

AQ = TOT XWEATHER PREM	CP = TERRORISM FCTR	BV = EV EXCL FCTR
CW = EB XWTHR DED ADJ	A = BASE RATE	P = FINAL RATE
AR = TOT WEATHER PREM	B = CONST FCTR	O = LIMIT OF LIABILITY
CX = EB WTHR DED ADJ	C = PROT FCTR	
AS = EQUIP BREAK PCT	CY = TERR MULT	
G = DED FCTR	D = EXPOSURE MOD	
CO = TOT PREM	E = RISK SIZE FCTR	

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

PROPERTY CHOICE DETAIL

(CONT) PAGE: 004

POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11

RATE PLAN	YR BLT	TYPE OF POLICY CD DESCRIPTION	PROT CLASS CURR/PREV	XWEATHER CONST	WEATHER CONST	RATE CLASS	CSP TERR	ZIP CODE
	1983	MERC-DISTRB	02 /02	1-FRAME	B	F521	170	98007

DEDUCTIBLE 500 AREA 694

2800 156TH AVE SE, BELLEVUE, WA. 98007

PERSONAL PROPERTY(INCL STOCK) ITV 2.0

X WEATHER
 (A).273 X (B)1.250 X (C)1.000 X (D)1.150
 X (E)1.506 X (G)1.100 X (BV).990 = (P).644
 X (O)15,600 = 100.00

WEATHER ZONE 1
 (A).050 X (B)1.000 X (D)1.050 X (E)1.487
 X (G)1.100 = (P).086 X (O)15,600 = 13.00

TERRORISM
 (CO)113 X (CP).0300 = 3.00

EQUIPMENT BREAKDOWN OCCPCY CODE 260 DED 500
 (((AQ)100 X (CW).909) + ((AR)13 X (CX).909))
 X (AS).0460 X (G)1.100 = 5.00

TERRORISM
 (CO)5 X (CP).0300 = 1.00

PREMISES 005 STATE: CA

HAZARD CODE: 01

RATE PLAN	YR BLT	TYPE OF POLICY CD DESCRIPTION	PROT CLASS CURR/PREV	XWEATHER CONST	WEATHER CONST	RATE CLASS	CSP TERR	ZIP CODE
	1930	MERC-DISTRB	02 /02	2-MASONRY	B	F521	380	94129

DEDUCTIBLE 500 AREA 3,416

38 KEYS AVE STE 300, SAN FRANCISCO, CA. 94129

BI-SPECIAL EARNINGS % 100 (MERC)

X WEATHER
 (A).184 X (B)1.000 X (C)1.000 X (D)1.150
 X (E)1.000 X (BV).995 X (AJ).600 = (P).126
 X (O)80,105 = 101.00

KEYS:

- | | | |
|--------------------|------------------------|----------------------|
| A = BASE RATE | P = FINAL RATE | CX = EB WTHR DED ADJ |
| B = CONST FCTR | O = LIMIT OF LIABILITY | AS = EQUIP BREAK PCT |
| C = PROT FCTR | CO = TOT PREM | AJ = TE FCTR |
| D = EXPOSURE MOD | CP = TERRORISM FCTR | |
| E = RISK SIZE FCTR | AQ = TOT XWEATHER PREM | |
| G = DED FCTR | CW = EB XWTHR DED ADJ | |
| BV = EV EXCL FCTR | AR = TOT WEATHER PREM | |

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID PIDAR22C
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POLICY NUMBER: 46 UUN JW2814 DE

EFFECTIVE DATE: 02/14/11

PREMISES 005 (CONT)

WEATHER	ZONE 1	
(A).059 X (B)1.000 X (D)1.050 X (E)1.000		
X (AJ).600 = (P).037 X (O)80,105 =		30.00
TERRORISM		
(CO)131 X (CP).0300 =		4.00
PERSONAL PROPERTY(INCL STOCK)		ITV 2.0
X WEATHER		
(A).444 X (B)1.000 X (C)1.000 X (D)1.150		
X (E).844 X (G)1.100 X (BV).990 = (P).469		
X (O)102,000 =		478.00
WEATHER	ZONE 1	
(A).074 X (B)1.000 X (D)1.050 X (E).843		
X (G)1.100 = (P).072 X (O)102,000 =		73.00
TERRORISM		
(CO)551 X (CP).0300 =		17.00
EQUIPMENT BREAKDOWN	OCCPCY CODE 260 DED 500	
(((AQ)579 X (CW).909) + ((AR)103 X (CX).909))		
X (AS).0497 X (G)1.100 =		34.00
TERRORISM		
(CO)34 X (CP).0300 =		1.00
	GRAND TOTAL =	1,680.00
	* INCLUDES TERRORISM PREMIUM OF	\$51.00

KEYS:

A = BASE RATE	CO = TOT PREM	AR = TOT WEATHER PREM
B = CONST FCTR	CP = TERRORISM FCTR	CX = EB WTHR DED ADJ
D = EXPOSURE MOD	C = PROT FCTR	AS = EQUIP BREAK PCT
E = RISK SIZE FCTR	G = DED FCTR	
AJ = TE FCTR	BV = EV EXCL FCTR	
P = FINAL RATE	AQ = TOT XWEATHER PREM	
O = LIMIT OF LIABILITY	CW = EB XWTHR DED ADJ	

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY INFORMATION

NAMED INSURED: 3 DEGREES GROUP, INC.
 PRODUCER CODE AND NAME: 505009 INSUREZONE.COM OF TEXAS INC
 COMPANY CODE AND NAME: 7 TWIN CITY FIRE INSURANCE COMPANY
 EFFECTIVE DATE: 02/14/11 EXPIRATION DATE: 02/14/12
 EXAMINATION PERIOD: ANNUALLY

POLICY COVERAGES RECAP

COVERAGE	COVERED AUTOS	LIMITS	PREMIUM
LIABILITY	8, 9	\$ 1,000,000 PER ACC	\$ 268.00
TOTAL PREMIUM			\$ 268.00

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POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
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AUTOMOBILE DETAIL

PAGE 1

POLICY NUMBER: 46 UUN JW2814 DE EFFECTIVE DATE: 02/14/11

PRIMARY STATE/TERRITORY: CA 051 OP CODE: 06611
 MARKET SEGMENTATION: 836

STATE RATING MODIFICATION FACTORS AND COMMISSIONS

NORMAL LINE COMMISSION: 15.0

COMMON COVERAGES INFORMATION

HIRED CAR

LIAB	CLASS: 6625	IF ANY	
(A)1.21 X (D)1.57 X (K).95 X (GV)1.15 = (P)2.075			
MINIMUM	CLASS: 6619		MP
(A)75 X (D)1.57 X (K).95 X (GV)1.15 =			129.00

NOL EMPLOYERS	CLASS: 6601	EST. # OF EMPLOYEES: 000025	
(A)81 X (D)1.57 X (GV)1.15 X (K).95 =			139.00

GRAND TOTAL \$ 268.00

KEYS

A = BASE RATE D = INCR LIMIT FCTR K = ACCOUNT MOD
 P = FINAL RATE GV = COMPANY CODE DEV

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY INFORMATION

NAMED INSURED: 3 DEGREES GROUP, INC.
 PRODUCER CODE AND NAME: 505009

E-COMMERCE ID: 3
 INSUREZONE.COM OF TEXAS INC

EFFECTIVE DATE: 02/14/2011

EXPIRATION DATE: 02/14/2012

AUDIT PERIOD: ANNUAL

----- COVERAGE PART -----	--- COMPANY CODE ---	----- PREMIUM -----
PROPERTY	3	1,680.00
AUTO	7	268.00
GENERAL LIABILITY	G	8,716.00

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TOTAL POLICY PREMIUM

10,664.00*

*INCLUDES TERRORISM PREMIUM

136.00

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DIRECT ACCOUNT BILL NUMBER: 11890526

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY INFORMATION

NAMED INSURED: 3 DEGREES GROUP, INC.

PRODUCER CODE AND NAME: 505009 INSUREZONE.COM OF TEXAS INC

EFFECTIVE DATE: 02/14/11

ST	PROP	B&M	MARINE	GEN-LIAB	AUTO-LIAB	PHYS-DAM	BOND	BURG
4	\$1,211			\$8,716	\$268			
24	\$154							
36	\$193							
46	\$122							

POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

POLICY INFORMATION

NAME INSURED: 3 DEGREES GROUP, INC.

PRODUCER CODE AND NAME: 505009

INSUREZONE.COM OF TEXAS INC

EFFECTIVE DATE: 02/14/2011

PRMS	BLDG	STREET	CITY	STATE
001	001	5 FUNSTON AVE STE A (LOB) PROP	SAN FRANCISCO	CA
002	001	1306 NW HOYT ST STE 201 (LOB) PROP	PORTLAND	OR
003	001	1641 WASHINGTON AVE (LOB) PROP	SAINT LOUIS	MO
004	001	2800 156TH AVE SE (LOB) PROP	BELLEVUE	WA
005	001	38 KEYS AVE STE 300 (LOB) PROP GL	SAN FRANCISCO	CA

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POLICY # 46UUNJW2814 DE CONTROL # 001 TERM ID P1DAR22C
 PROCESS DATE 01/31/11 OPER INITIALS KLT AAR PREV POL # 57UUNNH7584

PRODUCER'S FACT SHEET

NAMED INSURED: 3 DEGREES GROUP INC.

POLICY NO: 46 UUN JW2814 DE

PRODUCER'S NAME: INSUREZONE.COM OF TEXAS INC
 PRODUCER'S CODE: 505009

POLICY PERIOD: FROM 02/14/11 TO 02/14/12

ACCOUNT BILL NUMBER: 11890526

PAYOR TYPE: INSURED

BILL FREQUENCY: MONTHLY / 3 MONTH DOWNPAYMENT

TRANSACTION TYPE: RENEWAL - REWRITE OF 57UU NH7584

TOTAL ANNUAL PREMIUM** \$10,664.00
 **INCLUDES TERRORISM PREMIUM \$136.00

COMMISSION BREAKDOWN

LOB	TOTAL ANNUAL PREMIUM	COMMISSION PERCENTAGE
PROPERTY	\$1,680.00	15.0
GL	\$8,716.00	15.0
AUTO	\$268.00	15.0
TOTAL:	\$10,664.00	

FORM

TITLE

HM00010295	POLICY FRONT COVER
HM00100107	COMMON POLICY DECLARATIONS -UUN
HM00100107SD4	SUPPLEMENTAL DECLARATIONS
IL00171198	COMMON POLICY CONDITIONS
IH09850108	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IH12001185	LOSS PAYEE
IH12001185	NAMED INSURED
IH99400409	U.S. DEPT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IH99410409	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL02700908	CALIFORNIA CHANGES - CANCELLATION AND NONRENEWAL
PC00910109	QUICK REFERENCE PROPERTY CHOICE COVERAGE PART
PC00010109	PROPERTY CHOICE COVERAGE PART - DECLARATIONS
PC00020109T	PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES
PC26010109	PROPERTY CHOICE - SPECIALIZED PROPERTY INSURANCE COVERAGES
PC20230109	GREEN CHOICE - ADDITIONAL COVERAGES
PC99070103	"FUNGUS", WET ROT, DRY ROT, BACTERIA AND VIRUS-REMOVAL OF LIMITATIONS-WASHINGTON

PC20250109	PROPERTY CHOICE BUSINESS INTERRUPTION - ADDITIONAL COVERAGES - REVISED LIMITS OF INSURANCE
PC00900109	PROPERTY CHOICE CONDITIONS AND DEFINITIONS
PC26020109	PROPERTY CHOICE SPECIAL BUSINESS INCOME - ADDITIONAL COVERAGES
IH09400108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
PC00100109	PROPERTY CHOICE COVERAGE FORM (PROPERTY)
PC00200109	PROPERTY CHOICE - SPECIAL BUSINESS INCOME COVERAGE FORM (BUSINESS INTERRUPTION)
PC00300109	LEGAL LIABILITY - BUILDING COVERAGE FORM
PC10100109	PROPERTY CHOICE - COVERED CAUSES OF LOSS AND EXCLUSIONS FORM
PC10190103	EXCLUSION - ELECTRONIC VANDALISM
PC30041104	CALIFORNIA CHANGES - CANCELLATION AND NONRENEWAL
PC30600699	CANCELLATION CHANGES
PC31040310	CALIFORNIA CHANGES
PC31241008	MISSOURI CHANGES
PC31360108	OREGON CHANGES
PC31460109	WASHINGTON CHANGES
HA00040302	QUICK-REFERENCE - COMMERCIAL AUTO COVERAGE PART
HA00250204	COMMERCIAL AUTO COVERAGE PART DECLARATIONS BUSINESS AUTO COVERAGE FORM BUSINESS AUTO COVERAGE FORM
CA00011001	CALIFORNIA CHANGES
CA01430507	(04) DESIGNATED INSURED
CA20480299	CHANGES IN HIRED CAR PHYSICAL DAMAGE - LIMIT OF INSURANCE
HA00241290	MEXICO COVERAGE
HA99040187	POLLUTION LIABILITY COVERAGE - PRIVATE
HA99081290	PASSENGER TYPE AUTOS
HA99160910	COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT
HA99260406	WAR EXCLUSION
HC70010605	QUICK REFERENCE COMMERCIAL GENERAL LIABILITY COVERAGE PART- OCCURRENCE
HC00100798	COMMERCIAL GENERAL LIABILITY COVERAGE PART- DECLARATIONS
CG00670305	EXCLUSION-VIOLATION OF STATUTES THAT GOVERN E-MAILS, FAX, PHONE CALLS, OR OTHER METHODS OF SENDING MATERIAL OR INFORMATION
CG21160798	EXCLUSION-DESIGNATED PROFESSIONAL SERVICES
CG22501188	EXCLUSION FAILURE TO SUPPLY
HC00880605	CYBERFLEX AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY
HC00950106	CHANGES IN THE DEFINITION OF PERSONAL AND ADVERTISING INJURY
HC21020786	EXCLUSION - LIQUOR LIABILITY
HC21141001	EXCLUSION - DESIGNATED OPERATIONS
HC21231001	ABSOLUTE POLLUTION EXCLUSION
HC23700108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
HG00010605	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
HG21020204	EXCLUSION - SILICA
IH12011185	WAIVER OF SUBROGATION FORM CG2404
IH12011185	ADDITIONAL INSURED FORM CG2011
HC70110286	QUICK REFERENCE EMPLOYEE BENEFITS LIABILITY COVERAGE PART CLAIMS MADE
HC00200295	EMPLOYEE BENEFITS LIABILITY COVERAGE PART- DECLARATIONS (CLAIMS MADE)

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HC00210799		EMPLOYEE BENEFITS LIABILITY COVERAGE FORM
CG20260704	(01)	ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION
CG32340105		CALIFORNIA CHANGES
HC21900608		EXCLUSION - FUNGI, BACTERIA AND VIRUSES
HC12101185T		COMMERCIAL GENERAL LIABILITY SCHEDULE

STUFFER/NOTICE	TITLE
CAF-4091-1	SUPPLEMENTAL APPLICATION - UNINSURED MOTORISTS INSURANCE - CALIFORNIA
CAF-4189-0	POLICYHOLDER NOTICE - UNINSURED/UNDERINSURED MOTORISTS INSURANCE - CALIFORNIA
CAF-4400-0	IMPORTANT NOTICE TO CALIFORNIA POLICYHOLDERS 2006 COMMERCIAL AUTO MULTISTATE FORMS REVISION
G-3041-1	IMPORTANT NOTICE TO POLICYHOLDERS - EXECUTIVE OFFICERS, INDIVIDUAL INSUREDS OR CO-PARTNERS - GENERAL LIABILITY
G-3058-0	POLICY ADJUSTMENT NOTICE
G-3418-0	PRODUCER COMPENSATION NOTICE
100722REV9	TOTAL ACCOUNT BILLING SYSTEM

**SUPPLEMENTAL APPLICATION
UNINSURED MOTORISTS INSURANCE - CALIFORNIA
COMMERCIAL AUTO**



California law has specific requirements and provides for several options for Uninsured Motorists Insurance. These are identified below. Please study this Supplemental Application carefully to help you decide what coverages you need to fill your insurance requirements.

Uninsured (including Underinsured) Motorists Insurance - Bodily Injury

PART I

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

"Underinsured motor vehicle means a motor vehicle that is an insured motor vehicle but insured for an amount that is less than the uninsured motorists limits carried on the motor vehicle of the injured person."

PLEASE WRITE MY POLICY WITH THE OPTION INDICATED BELOW:

Uninsured Motorists (UM) Coverage

(Check only one block)

- A. I reject Uninsured Motorists Coverage completely. (If you select this option (A) you do not need to complete Part II below.)
- B. I reject Uninsured Motorists Coverage when: operates a motor vehicle.
_____ operates a motor vehicle.

PART II

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

PLEASE WRITE MY POLICY WITH THE OPTION I HAVE CHECKED BELOW:

Uninsured (including Underinsured) Motorists Insurance - Bodily Injury

We recommend a limit equal to the limit of liability for liability coverage you have chosen for your policy. Protection you choose for you, your family members and other occupants of your motor vehicle should equal the protection you provide others.

- I elect Uninsured Motorists Insurance at a limit equal to the bodily injury liability insurance limit of my policy.
- I elect Uninsured Motorists Insurance at a limit equal to the financial responsibility requirements.
- I elect Uninsured Motorists Insurance at a limit of \$ _____ (cannot be greater than the bodily injury liability insurance limit of my policy).

DESTROY DATE P

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Uninsured Motorists Insurance - Property Damage

Coverage is available for all autos except:

- (1) Commercial vehicles transporting persons for hire, compensation or profit (van pool vehicles are eligible);
- (2) Vehicles designed, used or maintained primarily for the transportation of property; and
- (3) Vehicles for which you have rejected Uninsured Motorists Insurance - Bodily Injury.

The California Insurance Code requires insurers to offer coverage for damage to your motor vehicle caused by an uninsured motor vehicle. To the extent that you are legally entitled to recover from the owner or operator of the uninsured motor vehicle, that coverage must:

- (1) Pay the collision deductible on the insured motor vehicle when you have purchased collision coverage; or
- (2) Pay for the damage to the insured motor vehicle when you have not purchased collision coverage.

Payments shall not include damage to personal injury property or loss or use of a motor vehicle and shall not exceed the smaller of any of the following:

- (1) The amount of the collision deductible;
- (2) The actual cash value of the insured motor vehicle; or
- (3) \$3,500.

We offer the required coverage as two separate coverages. Uninsured Motorists Insurance - Property Damage covers damage to your motor vehicles for which you have not purchased collision coverage. Waiver of Collision Deductible coverage pays the deductible applicable to your motor vehicles for which you have purchased collision coverage. You may elect or reject either or both of these coverages.

Uninsured Motorists Insurance - Property Damage and Waiver of Collision Deductible Coverage

These coverages are available only if you purchase Uninsured Motorists Insurance. If you purchase one or either of these coverages, it is applicable to all autos except (1) commercial vehicles transporting persons, for hire, compensation or profit (van pool vehicles are eligible) or (2) vehicles designed, used or maintained primarily for the transportation of property.

Please write my policy with the options I have checked below:

Vehicles not covered by Collision Insurance - Uninsured Motorists Insurance - Property Damage

- I elect coverage for all eligible autos
- I reject coverage

Vehicles covered by Collision Insurance - Waiver of Collision Deductible Coverage

- I elect coverage for all eligible autos
- I reject coverage

Named Insured (s) **3 DEGREES GROUP INC.**
 SEE IH1200

Named Insured's
 Signature _____

Date _____

Producer **INSUREZONE.COM OF TEXAS INC**

Policy Number **46 UUN JW2814**

THE HARTFORD - PRODUCTION STATUS CENTER
HARTFORD PLAZA, NP-6-1
HARTFORD, CT 06115

46 RHU JW2223

THE HARTFORD

3600 WISEMAN BLVD.

SAN ANTONIO

TX 78251

01910

10103222ZMJ9400010*



REGIONAL OFFICE INSTRUCTION SHEET

POLICY NO. 46 RHU JW2223

ROUTING INSTRUCTIONS:

- _ SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.
- _ RECORDS - ATTACH OA-1111 TO EXPIRING POLICY
- _ RECORDS - PHOTOCOPY PC-110 AND ATTACH TO UNDERLYING AS APPLICABLE



UMBRELLA POLICY IDENTIFICATION

INSTRUCTIONS - IMPORTANT

Attach a copy of this form to The Hartford's internal copies of the policies shown below:

Underlying Policy	Policy Period
46 UUN JW2814	02/14/11 TO 02/14/12
46 WE ZT7977	03/06/11 TO 03/06/12
46 UU JW2814	02/14/11 TO 02/14/12
46 UUN JW2814	02/14/11 TO 02/14/12

The above policies underlie Umbrella Policy Number 46 RHU JW2223
Umbrella Policy Period 02/14/11 TO 02/14/12

01611

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RENEWAL TRANSFER

EXPIRING POLICY NUMBER: 57 RHU NH7481

EXPIRATION YEAR: 11

NEW POLICY NUMBER: 46 RHU JW2223

ATTENTION RECORDS DEPARTMENT

ATTACH THIS NOTICE TO THE FACE OF THE EXPIRING DAILY REPORT

01612

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**DESTROY
DATE: X**

POLICY FACE SHEET

23
22 INSURER:
JW HARTFORD CASUALTY INSURANCE COMPANY
RH

POLICY NO.: 46 RHU JW2223 DE
COMMON POLICY DECLARATIONS

ITEM

- 1. NAMED INSURED AND MAILING ADDRESS: 3 DEGREES GROUP INC
38 KEYES AVENUE STE 300
SAN FRANCISCO CA 94129
(SAN FRANCISCO COUNTY)
- 2. POLICY PERIOD: FROM 02/14/11 TO 02/14/12
- 3. AGENT'S OR BROKER'S CODE: 505009 RECORDS RETENTION - PERMANENT
AGENT'S OR BROKER'S NAME: INSUREZONE.COM OF TEXAS INC

PREVIOUS POLICY NO.: 57 RHU NH7481

- 4. AUDIT PERIOD: NON-AUDITABLE
- 5. NAMED INSURED IS: CORPORATION
- 6. DESCRIPTION OF YOUR BUSINESS: SALES & SERVICES ORGANIZATION

UMBRELLA COMPANY CODE: 3
POLICY STATUS: ACTIVE
LOB LEVEL OF SUPPORT: CU-S
DIRECT ACCOUNT BILL NUMBER: 11890526
DIR SING BILL - MONTHLY/3 MO DOWN: INSURED

MARKET SEGMENTATION - 836 SIC CODE - 5963
E-COMMERCE ID: 3

AUTOMATICALLY BOOKED

TRANS TYPE: RENL CNTL#: 001
FACE SHEET TERMINAL ID: R022V26B PAGE 1
02/11/11 46 RHU JW2223 DE (02/14/12)

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UMBRELLA LIABILITY POLICY DECLARATIONS

INSURER: HARTFORD CASUALTY INSURANCE COMPANY
 HARTFORD PLAZA, HARTFORD, CT 06115



POLICY NUMBER: 46 RHU JW2223 DE
RENEWAL OF: 57 RHU NH7481

Items

1. Named Insured and Mailing Address: 3 DEGREES GROUP INC
 38 KEYES AVENUE STE 300
 SAN FRANCISCO CA 94129
 (SAN FRANCISCO COUNTY)

2. Policy Period: From 02/14/11 To 02/14/12
 12:01 A.M., Standard Time at mailing address shown above.

3. Agent/Broker Name: INSUREZONE.COM OF TEXAS INC

4. Audit Period: NOT SUBJECT TO AUDIT

	ADVANCE PREMIUM	RATE	PER	PREMIUM BASIS
5. Premium:	\$1,616.00			

6. Self-Insured Retention \$10,000 each occurrence

7. Limits of Insurance The Limits of Insurance, subject to all of the terms of this policy, are:

General Aggregate Limit (Other than Products - Completed Operations, Bodily Injury By Disease and Automobile)	\$2,000,000
Products - Completed Operations Aggregate Limit	\$2,000,000
Bodily Injury By Disease Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$2,000,000

8. Underlying Insurance Policies (See attached Schedule)

9. This policy consists of:

- (a) This Declarations;
- (b) The Schedule of Underlying Insurance Policies; XL00050502
- (c) The Policy Provisions; XL00030605
- (d) The Policy Cover; XL00070698
- (e) Any Endorsements shown below.

Endorsements forming part of this policy when issued:

XL70001206 IH09850108 IH99400409 IH99410409 XL00010107SD XL02420199
 XL04151088 XL21010786 XL21040786 XL21050786 XL21241100 XL21820393

LISTING OF ADDITIONAL FORM NUMBERS CONTINUED ON A SUBSEQUENT PAGE

Countersigned by _____
 (Where required by law) Authorized Representative Date

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UMBRELLA LIABILITY POLICY DECLARATIONS (Continued)

POLICY NUMBER: 46 RHU JW2223

ENDORSEMENTS FORMING A PART OF THIS POLICY WHEN ISSUED (CONTINUED)

XL23170204 XL23251205 XL23300108 XL24011100 XL24580901
IH12011185 XL2124 EXCLUSION DESIGNATED PROFESSIONAL SERVICES
IH12011185 XL2163 EXCLUSION - DESIGNATED OPERATIONS

UMBRELLA LIABILITY POLICY DECLARATIONS (CONTINUED)



POLICY NUMBER: 46 RHU JW2223

SUPPLEMENTAL DECLARATIONS:

A service fee of \$ 7.00 is charged for each installment when your premium is paid in installments. The service fee is \$ 0.00 per withdrawal when you select an electronic fund transfer payment plan. The service fee will be added to the premium amount shown on your premium billing statement.

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SCHEDULE OF UNDERLYING INSURANCE POLICIES



POLICY NUMBER: 46 RHU JW2223

This schedule forms a part of the policy designated herein.

Named Insured and Mailing Address:

3 DEGREES GROUP INC

**38 KEYES AVENUE STE 300
SAN FRANCISCO CA 94129
(SAN FRANCISCO COUNTY)**

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Insurer, Policy Number and Period	Type of Coverage	Applicable Limits	
(A) MULTIPLE COMPANIES 46 WE ZT7977 03/06/11 TO 03/06/12	Employers' Liability	Bodily Injury Limit \$1,000,000 \$1,000,000 \$1,000,000	Each accident (by accident*) Policy limit (by disease*) Each employee (by disease*)
(B) TWIN CITY FIRE INSURANCE COMPANY 46 UU JW2814 02/14/11 TO 02/14/12	Commercial Auto Liability written to include all owned, non-owned and hired autos, except as listed below: OWNED AUTO	Single Liability Limit \$1,000,000 Split Liability Limits	Each accident Bodily injury each person Bodily injury each accident Property damage each accident
(C) HARTFORD INSURANCE COMPANY OF THE MIDWEST 46 UUN JW2814 02/14/11 TO 02/14/12	Commercial General Liability written to include all coverages of CG0001 or HG0001, except as listed below:	\$1,000,000 \$1,000,000 \$2,000,000 \$2,000,000	Each occurrence limit Personal and advertising injury limit General aggregate limit (other than products- completed operations) Products-completed operations aggregate limit

**SCHEDULE OF UNDERLYING
INSURANCE POLICIES (Continued)**

POLICY NUMBER: 46 RHU JW2223

Insurer, Policy Number and Period (D)	Type of Coverage Other (Specify)	Applicable Limits	
HARTFORD INSURANCE COMPANY OF THE MIDWEST 46 UUN JW2814 02/14/11 TO 02/14/12			
	EMPLOYEE BENEFITS	\$1,000,000	EACH OCCURRENCE LIMIT
		\$1,000,000	AGGREGATE LIMIT

Note Maintenance of Underlying Insurance Condition

* Except that in any jurisdiction where the amount of Employers' Liability Coverage afforded by the underlying insurer is by law unlimited, the limit stated does not apply and the policy of which this schedule forms a part shall afford no insurance with respect to Employers' Liability in such jurisdiction.



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

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TERRORISM PREMIUM (CERTIFIED ACTS)

Coverage:	Premium (if Covered):
UMBRELLA	\$ 16.00
TOTAL	\$ 16.00

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for certified acts of terrorism under TRIA. The portion of your premium attributable to such coverage is shown above in this endorsement.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of such insured losses that exceeds the applicable insurer deductible. However, if aggregate insured losses attributable to certified acts of terrorism under TRIA exceed \$100 billion in a Program Year (January 1 through December

31), the Treasury shall not make any payment for any portion of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to certified acts of terrorism under TRIA, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. All other terms and conditions remain the same.





Named Insured: 3 DEGREES GROUP INC

Policy Number: 46 RHU JW2223

Effective Date: 02/14/11

Expiration Date: 02/14/12

Company Name: INSUREZONE.COM OF TEXAS INC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

All other terms and conditions remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE BENEFITS LIABILITY ENDORSEMENT (CLAIMS MADE)

This endorsement modifies insurance provided under the

UMBRELLA LIABILITY POLICY

SCHEDULE I

Coverage	Limits of Insurance
Employee Benefits Liability	2,000,000 each claim limit 2,000,000 aggregate limit

SCHEDULE II

"Controlling Underlying Insurance Policy"

Insurer: HARTFORD INSURANCE COMPANY OF THE MIDWEST
Policy Number 46 UUN JW2814 **Policy Period** 02/14/11 TO 02/14/12 **Retroactive Date** 02/14/10

Coverage	Limits of Insurance
Employee Benefits Liability	1,000,000 each claim limit 1,000,000 aggregate limit

This policy is extended to apply to Employee Benefits Liability, subject to the following additional provisions:

1. Except as otherwise provided by this endorsement, the insurance afforded herein shall follow all the terms, definitions and exclusions of the "controlling underlying insurance policy" designated in Schedule II.
2. **SECTION I - COVERAGE EB**
 - A. We will pay those sums that the insured must legally pay as "damages:"
 1. Because of "employee benefits injury" to which this endorsement applies; and
 2. That are in excess of the limits of insurance in the "controlling underlying insurance policy."
 - B. This insurance does not apply to "employee benefits injury" which occurred before the

Retroactive Date, if any, shown in Schedule II or which occurs after the "policy period."

3. SECTION III - LIMITS OF INSURANCE

- A. The Limits of Insurance shown in Schedule I and the rules below fix the most we will pay regardless of the number of:
 1. Insureds;
 2. Claims made or "suits" brought; or
 3. Persons or organizations making claims or bringing "suits."
- B. The Aggregate Limit is the most we will pay for all "damages" to which this endorsement applies.
- C. Subject to B. above the Each Claim Limit is the most we will pay for all "damages" with respect to any one claim.

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- D. Our obligations under this endorsement end when the applicable Limit of Insurance is used up. If we pay for any "damages" in excess of that Limit of Insurance, you agree to reimburse us for such amounts.
- E. The Limits of Insurance shown in Schedule I apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the "policy period" shown in Schedule II, unless the endorsement is extended after issuance for an additional period of less than 12 months. In that case the additional period will be deemed part of the last preceding period for the purpose of determining the Limits of Insurance.

4. EXTENDED REPORTING PERIODS

- A. We will provide one or more Extended Reporting Periods, as described below, if:
 - 1. This endorsement is cancelled or not renewed; or
 - 2. We renew or replace this endorsement with insurance that:
 - i. Has a Retroactive Date later than the date shown in the Declaration of this endorsement; or
 - ii. Does not apply to "employee benefits injury" on a claims-made basis.
- B. A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the "policy period" and lasts for:
 - 1. One year for "claims" arising out of an "employee benefits injury" reported to us, not later than 60 days after the end of the "policy period";
 - 2. Sixty days for all other "claims."

The Basic Extended Reporting Period does not apply to "claims" that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such "claims."

- C. A Supplemental Extended Reporting Period of three years duration is available, but only by an endorsement and for an extra charge. This supplemental period starts:
 - 1. One year after the end of the "policy period" for "claims" arising out of an "occurrence" reported to us, not later than 60 days after the end of the "policy period" or

- 2. Sixty days after the end of the "policy period" for all other "claims."

You must give us a written request for the endorsement within 60 days after the end of the "policy period." The Supplemental Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due. We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- 1. The exposures insured;
- 2. Previous types and amounts of insurance;
- 3. Limits of Insurance available under this endorsement for future payment of "damages" and
- 4. Other related factors.

The additional premium will not exceed 200% of the annual premium for this endorsement.

This endorsement shall set forth the terms, not inconsistent with this Section, applicable to the Supplemental Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Supplemental Extended Reporting Period starts.

- D. Extended Reporting Periods do not extend the "policy period" or change the scope of coverage provided. They apply only to "claims" for "employee benefits injury" that occur before the end of the "policy period" (but not before the Retroactive Date, if any, shown in the Declarations).

"Claims" for such injury which are first received and recorded during the Basic Extended Reporting Period (or during the Supplemental Extended Reporting Period, if it is in effect) will be deemed to have been made on the last day of the "policy period."

Once in effect, Extended Reporting Periods may not be cancelled.

- E. Extended Reporting Periods do not reinstate or increase the Limits of Insurance applicable to any "claim" to which this endorsement applies, except to the extent described in paragraph F. of this Section.
- F. If the Supplemental Extended Reporting Period is in effect, we will provide the separate aggregate limit of insurance described below, but only for

"claims" first received and recorded during the Supplemental Extended Reporting Period.

The separate aggregate limit of insurance will be equal to the dollar amount shown in Schedule I in effect at the end of the "policy period" of this endorsement.

Paragraph B. of **SECTION III - LIMITS OF INSURANCE** will be amended accordingly.

5. ADDITIONAL DEFINITIONS

"Controlling underlying insurance policy" means the policy of "underlying insurance" designated in Schedule II providing coverage and limits for Employee Benefits Liability.

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Policy Number:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESIGNATED PROFESSIONAL SERVICES

This endorsement modifies insurance provided under the
UMBRELLA LIABILITY POLICY

SCHEDULE

Description of Professional Services: SEE IH1201

This policy does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of the rendering of or failure to render any professional services described in the Schedule of this endorsement.

POLICY NUMBER: 46 RHU JW2223



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

XL2124 EXCLUSION DESIGNATED PROFESSIONAL SERVICES

COMMERCIAL UMBRELLA COVERAGE PART

XL2124 - DESCRIPTION OF PROFESSIONAL SERVICES:
ANY AND ALL PROFESSIONAL LIABILITY

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POLICY NUMBER: 46 RHU JW2223



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

XL2163 EXCLUSION - DESIGNATED OPERATIONS

COMMERCIAL UMBRELLA COVERAGE PART

XL2163 - DESCRIPTION OF OPERATIONS:

ALL INSTALLATION OF ANY TYPE OF SOLAR HEATERS OR PANELS; WHETHER
THE INSTALLATION IS PERFORMED BY THE NAMED INSURED OR THROUGH
SUB-CONTRACTORS

XL2163 - LOCATION:
POLICY TERRITORY

POLICY INFORMATION

NAMED INSURED: 3DEGREES GROUP INC E-COMMERCE ID: 3
 PRODUCER CODE AND NAME: 505009 INSUREZONE.COM OF TEXAS INC
 COMPANY CODE AND NAME: 3 HARTFORD CASUALTY INSURANCE COMPANY
 EFFECTIVE DATE: 02/14/11 EXPIRATION DATE: 02/14/12
 AUDIT PERIOD: NON-AUDITABLE

UMBRELLA LIMIT: \$ 2,000,000 SELF-INSURED RETENTION: \$ 10,000

TOTAL PREMIUM \$ 1,616.00

*INCLUDES TERRORISM PREMIUM OF \$ 16.00

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POLICY # 46RHUJW2223 DE CONTROL # 001 TERM ID R022V26B
 PROCESS DATE 02/11/11 OPER INITIALS MBB AAR PREV POL # 57RHUNH7481

POLICY NUMBER: 46 RHU JW2223 DE
 PRIMARY GL STATE: CA
 PRIMARY AUTO STATE: CA

EFFECTIVE DATE: 02/14/11
 MARKET SEGMENTATION: 836

STATE RATING MODIFICATION FACTORS AND COMMISSION:

NORMAL LINE COMMISSION 15.0
 POLICY JUDGEMENT MOD 1.00

CLASS INFORMATION

U/L GENERAL LIABILITY COVERAGE(S)

PREMISES/OPERATIONS (SUBLINE 334)

STATE: CA

U/L LIMIT EACH OCCUR: 1,000,000 AGGR: 2,000,000

U/L ILF TABLE: 03

CLASS CODE: 41677

CLASS DESCRIPTION

CONSULTANTS - NOC - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS -
 PRODUCTS/COMPLETED OPERATIONS LOSSES ARE SUBJECT TO THE GENERAL AGGREGATE
 LIMIT

(A)8,490.00 X (D).141 = (E)1,197.00
 X (F)1.00 = (G)1,197.00
 = (P)1,197.00 = 1,197.00

EMPLOYEE BENEFITS (SUBLINE 325)

STATE: CA

YRS IN CLAIMS MADE: 2

U/L LIMIT EACH CLAIM: 1,000,000 AGGR: 1,000,000

U/L ILF TABLE: 03

CLASS CODE: 30195

CLASS DESCRIPTION

EMPLOYEE BENEFITS

(A)141.00 X (D).141 = (E)20.00
 X (F)1.00 = (G)20.00 = (P)20.00 = 20.00

U/L AUTO COVERAGE(S)

STATE: CA

U/L LIMIT EACH ACCIDENT: 1,000,000

VEHICLE TYPE: LIGHT/MED/PPT

(A)268.00 X (D).115 = (E)31.00

KEYS:

A = MOD U/L PREMIUM
 E = M/E PREMIUM
 G = POLICY LIMIT PREMIUM
 D = M/E FACTOR
 F = BY-LINE JUDG MOD
 P = ANNUAL PREMIUM

POLICY # 46RHUJW2223 DE CONTROL # 001 TERM ID R022V26B
 PROCESS DATE 02/11/11 OPER INITIALS MBB AAR PREV POL # 57RHUNH7481

UMBRELLA DETAIL

(CONT)

POLICY NUMBER: 46 RHU JW2223 DE EFFECTIVE DATE: 02/14/11
 X (F)1.00 = (G)31.00 = (P)31.00 = 31.00

POLICY PREMIUM ADJUSTMENTS

MPD ADJUSTMENT

(UD)1,600.00 - (L)1,248.00
 = (ZB)352.00 = (P)352.00 = 352.00

(SUB A = \$ 337, SUB B = \$, SUB E = \$ 6, AUTO = \$ 9)

TOTAL M/E PREMIUM (SUM OF (E)): 1,248.00
 TOTAL POLICY LIMIT PREMIUM (SUM OF (G)): 1,248.00
 APPLICABLE MINIMUM: 1,600.00
 FULL COMMISSION PREMIUM: 1,616.00

UMBRELLA GL PREMIUM: 1,569.00
 UMBRELLA AUTO PREMIUM: 31.00
 UMBRELLA TRIA PREMIUM: 16.00

TOTAL PREMIUM 1,616.00

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KEYS:

F = BY-LINE JUDG MOD G = POLICY LIMIT PREMIUM
 L = TOTAL POL LIMIT PREM P = ANNUAL PREMIUM
 UD = MINIMUM PREMIUM ZB = MPD

POLICY # 46RHUJW2223 DE CONTROL # 001 TERM ID R022V26B
 PROCESS DATE 02/11/11 OPER INITIALS MBB AAR PREV POL # 57RHUNH7481

PRODUCER'S FACT SHEET

NAMED INSURED: 3 DEGREES GROUP INC

POLICY NO: 46 RHU JW2223 DE

PRODUCER'S NAME: INSUREZONE.COM OF TEXAS INC
 PRODUCER'S CODE: 505009

POLICY PERIOD: FROM 02/14/11 TO 02/14/12

ACCOUNT BILL NUMBER: 11890526

PAYOR TYPE: INSURED

BILL FREQUENCY: MONTHLY / 3 MONTH DOWNPAYMENT

TRANSACTION TYPE: RENEWAL

TOTAL ANNUAL PREMIUM** \$1,616.00
 **INCLUDES TERRORISM PREMIUM \$16.00

COMMISSION BREAKDOWN

LOB	TOTAL ANNUAL PREMIUM	COMMISSION PERCENTAGE
UMBR	\$1,616.00	15.0
TOTAL:	\$1,616.00	

FORM	TITLE
XL00070698	POLICY FRONT COVER
XL70001206	QUICK REFERENCE
XL00010107	UMBRELLA LIABILITY POLICY DECLARATIONS
XL00050502	SCHEDULE OF UNDERLYING INSURANCE POLICIES
XL00030605	UMBRELLA LIABILITY POLICY PROVISIONS
IH09850108	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IH99400409	U.S. DEPT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IH99410409	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
XL00010107SD	SUPPLEMENTAL DECLARATIONS
XL02420199	AMENDMENT OF CONDITIONS - CALIFORNIA
XL04151088	EMPLOYEE BENEFITS LIABILITY ENDORSEMENT (CLAIMS MADE)
XL21010786	EXCLUSION - ATHLETIC PARTICIPANTS
XL21040786	EXCLUSION - CARE, CUSTODY OR CONTROL OF PERSONAL PROPERTY
XL21050786	EXCLUSION - CARE, CUSTODY OR CONTROL OF REAL PROPERTY
XL21241100	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES
XL21820393	ABSOLUTE LEAD EXCLUSION
XL23170204	EXCLUSION - SILICA
XL23251205	EXCLUSION - VIOLATION OF STATUTES THAT GOVERN E-MAILS, FAX, PHONE CALLS OR OTHER METHODS OF SENDING MATERIAL OR INFORMATION
XL23300108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

XL24011100	FOLLOWING FORM ENDORSEMENT - AUTOMOBILE LIABILITY
XL24580901	FOLLOWING FORM ENDORSEMENT - FUNGI, BACTERIA AND VIRUSES
IH12011185	XL2124 EXCLUSION DESIGNATED PROFESSIONAL SERVICES
IH12011185	XL2163 EXCLUSION - DESIGNATED OPERATIONS

STUFFER/NOTICE

TITLE

G-3292-0	IMPORTANT NOTICE TO POLICYHOLDERS FOLLOWING FORM ENDORSEMENT- FUNGI, BACTERIA AND VIRUSES
G-3387-0	IMPORTANT NOTICE TO POLICYHOLDERS
G-3418-0	PRODUCER COMPENSATION NOTICE
100722REV9	TOTAL ACCOUNT BILLING SYSTEM

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