Liability Insurance

METRO TINT

Certificate of Insurance

This certifies that

- [x] **State Farm Fire and Casualty Company,** Bloomington, Illinois
- [ ] **State Farm General Insurance Company,** Bloomington, Illinois
- [ ] **State Farm Fire and Casualty Company,** Aurora, Ontario
- [ ] **State Farm Florida Insurance Company,** Winter Haven, Florida
- [ ] **State Farm Lloyds,** Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **Metro Tint**

Address of policyholder **7014 N 27th Ave Ste 1, Phoenix AZ 85051-8411**

Location of operations **Same**

Description of operations **Window Tinting**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period Effective Date	Policy Period Expiration Date	Limits of Liability (at beginning of policy period)	
93-BH-C134-5	Comprehensive Business Liability	09/01/2009	09/01/2010	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:	[x] Products - Completed Operations [x] Contractual Liability [x] Personal Injury [x] Advertising Injury [ ] [ ] [ ]			Each Occurrence	$ 2,000,000.00
				General Aggregate	$ 4,000,000.00
				Product - Completed Operations Aggregate	$ 4,000,000.00

Policy Number	EXCESS LIABILITY	Policy Period Effective Date	Policy Period Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	[ ] Umbrella			Each Occurrence	$
	[ ] Other			Aggregate	$

		Policy Period Effective Date	Policy Period Expiration Date	Part I - Workers Compensation - Statutory	
	Workers' Compensation and Employers Liability			Part II - Employers Liability	
				Each Accident	$
				Disease - Each Employee	$
				Disease - Policy Limit	$

Policy Number	Type of Insurance	Policy Period Effective Date	Policy Period Expiration Date	Limits of Liability (at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative

Agent

Title Date

Heather Paquette

Agent Name

Telephone Number **(602) 942-7085**

Agent's Code Stamp

Agent Code **03-1434**

AFO Code

1001260

106399.9 03-16-2009