



CERTIFICATE OF LIABILITY INSURANCE

OP ID TH
HOUSE-2

DATE (MM/DD/YYYY)

04/01/10

PRODUCER Colorado Insurance Professionals, Inc. 13693 E. Iliff Ave. #115 Aurora CO 80014-1100 Phone: 303-755-8600 Fax: 303-755-2516	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED House Cleaning Services, LLC Mary McNabb 7832 E. 8th Place Denver CO 80230	INSURER A: Colorado Casualty	41785
	INSURER B: Allied Bond Department	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP2743075	02/14/10	02/14/11	EACH OCCURRENCE	\$ 500,000			
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000				
	MED EXP (Any one person)				\$ 5,000				
	PERSONAL & ADV INJURY				\$ 500,000				
	GENERAL AGGREGATE				\$ 1,000,000				
	PRODUCTS - COMP/OP AGG				\$ 1,000,000				
	AUTOMOBILE LIABILITY								
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS								
GARAGE LIABILITY									
<input type="checkbox"/> ANY AUTO									
AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$									
EXCESS / UMBRELLA LIABILITY									
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below									
<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER									
E.L. EACH ACCIDENT					\$				
E.L. DISEASE - EA EMPLOYEE					\$				
E.L. DISEASE - POLICY LIMIT					\$				
B	Business Svc Bond	7900302916	02/14/10	02/14/11	Bond	5,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

House Cleaning Services, LLC 7832 E. 8th Place Denver CO 80230	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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