



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Millennium Corporate Solutions License # 0C13480 550 N Brand Blvd #1100 Glendale CA 91203 | CONTACT NAME: Kathy Macias-Ramirez PHONE (A/C, No. Ext): (626)275-3000 E-MAIL ADDRESS: kathym@mcsins.com FAX (A/C, No): (626)275-0130 | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|--|--------|------------|-----------------------------|-------|------------|------------------------|-------|------------|------------------------|-------|------------|--------------------------------|-------|------------|--|--|------------|--|--|
| INSURED Next Venture, Inc., DBA: Sierra Group 560 Riverdale Dr. Glendale CA 91204 | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Ironshore Specialty Ins Co.</td><td>25445</td></tr><tr><td>INSURER B:</td><td>Golden Eagle Ins. Corp</td><td>10836</td></tr><tr><td>INSURER C:</td><td>Mt Hawley Insurance Co</td><td>37974</td></tr><tr><td>INSURER D:</td><td>American Guarantee & Liability</td><td>26247</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Ironshore Specialty Ins Co. | 25445 | INSURER B: | Golden Eagle Ins. Corp | 10836 | INSURER C: | Mt Hawley Insurance Co | 37974 | INSURER D: | American Guarantee & Liability | 26247 | INSURER E: | | | INSURER F: | | |
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| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER: 2013 - 2014****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|-----------------------------|---------------|-------------------------|-------------------------|---|--------------|
| A | GENERAL LIABILITY | | | AGS0040100 | 4/1/2013 | 4/1/2014 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | <input checked="" type="checkbox"/> | | | | | MED EXP (Any one person) | \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | | BA8402056 | 4/1/2013 | 4/1/2014 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input checked="" type="checkbox"/> COMP - \$1000 | <input checked="" type="checkbox"/> COLL - \$1,000 | | | | | Uninsured motorist combined | \$ |
| C | UMBRELLA LIAB | <input checked="" type="checkbox"/> | OCCUR | MXL0417093 | 4/1/2013 | 4/1/2014 | EACH OCCURRENCE | \$ 4,000,000 |
| | EXCESS LIAB | | CLAIMS-MADE | | | | AGGREGATE | \$ 4,000,000 |
| | DED <input checked="" type="checkbox"/> | RETENTION \$ | 0 | | | | | \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Y | WC966043902 | 2/9/2013 | 4/9/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | E.L. EACH ACCIDENT | | | | \$ 1,000,000 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | E.L. DISEASE - EA EMPLOYEE | | | | \$ 1,000,000 | |
| | | | E.L. DISEASE - POLICY LIMIT | | | | \$ 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: 554427 - Alliance Residential, LLC and its affiliates, successors and assignees, and the ownership entities of their owned or managed properties are additional insured on the General Liability as respects to the insureds operations and only if required by written contract per the attached endorsement. WC Waiver of Subrogation applies. 30 days NOC except non-payment/10 days given.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Alliance Residential, LLC c/o Compliance Depot, LLC P.O. Box 115006 Carrollton, TX 75011 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE Margaret Gilmore/NB |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location(s) Of Covered Operations |
|---|--|
| As required by written contract. If required by your agreement with such Additional Insured, this insurance shall be primary insurance and non-contributory for that Additional Insured. If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in SECTION IV-COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4, Other Insurance, subparagraph c., Method of Sharing. The inclusion of one or more Insured under the terms of this endorsement does not increase our limits of liability. | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location And Description Of Completed Operations |
|---|---|
| Blanket as required by written contract and effective during the policy period as stated on the policy declarations. | Blanket as required by contract. Primary Insurance: It is agreed that such insurance as is afforded by this policy for the benefit of the additional insured shown shall be primary insurance, and any other insurance maintained by the additional insured(s) shall be excess and non contributory as respects any claim, loss or liability allegedly arising out of the operations of the named insured, provided however that this insurance will not apply to any claim, loss or liability determined to arise or result from the additional insured's sole negligence or willful misconduct. The insurance afforded by this policy for the benefit of the additional insured does not apply to 'property damage' to any building, structure or appurtenant structure intended to be occupied as a 'private residence'. The term "private residence" includes single family homes or residences, multi-family homes or residences, condominiums, and townhomes. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be **0** % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

ANY PERSON OR
ORGANIZATION FOR
WHOM YOU ARE
REQUIRED BY WRITTEN
CONTRACT OR
AGREEMENT TO
OBTAIN THIS WAIVER
OF RIGHTS FROM US.

Job Description

BLANKET WAIVER OF SUBROGATION