

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/16/2013

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 Centurion Insurance Agency 2479 Woodlake Circle, Ste 300 Okemos, MI 48864-6931 Tim Shaw	Phone: 517-381-5140 Fax: 517-381-5139	CONTACT NAME: Jenni Cruz PHONE (A/C, No, Ext): 517-381-5143 FAX (A/C, No): 517-381-5139 E-MAIL ADDRESS: Jenni@centurionagency.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Leo's Concrete, Inc. Julie Leo 30984 Bramley Circle New Hudson, MI 48165-9645	INSURER A: EMCASCO Insurance Company NAIC # 21407	
	INSURER B: Hamilton Mutual Insurance Co. NAIC # 14125	
	INSURER C: Employers Mutual Casualty NAIC # 21415	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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			
B	GENERAL LIABILITY			4X2122314	10/25/2013	10/25/2014	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	<input checked="" type="checkbox"/> Contractual Liab						PERSONAL & ADV INJURY \$ 1,000,000			
	<input checked="" type="checkbox"/> X, C, U Included						GENERAL AGGREGATE \$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									\$
L	AUTOMOBILE LIABILITY			4E2122314	10/25/2013	10/25/2014	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) \$			
							\$			
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			4J2122314	10/25/2013	10/25/2014	EACH OCCURRENCE \$ 5,000,000			
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000			
	<input type="checkbox"/> CLAIMS-MADE						\$			
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0									
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4H2122314	10/25/2013	10/25/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000			
							E.L. DISEASE - POLICY LIMIT \$ 500,000			

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

CERTIFICATE HOLDER

INFONLY

For information purposes on above date of issue only. If holder desires notification or current status you must contact the agent

CANCELLATION

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



November 6, 2013

Leo's Concrete, Inc.
30984 Bramley Circle
New Hudson, MI 48165

Attention: Benny Leo

Dear Benny:

Following is a listing of your company's Experience Modification Factors for the current policy term and the prior two years:

<u>Year</u>	<u>Experience Mod</u>	<u>Carrier</u>
2013-2014	.89	Employers Mutual Casualty
2012-2013	.91	Employers Mutual Casualty
2011-2012	.89	Employers Mutual Casualty

If you need any other information, please do not hesitate to contact our office. Thank you.

Sincerely,

Tim Shaw
Centurion Insurance Agency, Inc.