

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2008

**PRODUCER**  
NETWORK ONE INSURANCE & FINANCIAL SERVICES, INC  
5450 THORNWOOD DR.

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.

SAN JOSE CA 95123-

**INSURERS AFFORDING COVERAGE** NAIC #

**INSURED**  
Cyclone Air Systems  
1900 Lynwood Dr Suite "C"

INSURER A: HARTFORD INSURANCE  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

Concord CA 94519

**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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	57SBMRH0730	12/12/2008	12/12/2009	EACH OCCURRENCE	\$ 300000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			/ /	MED EXP (Any one person)	\$ 10000
					/ /	PERSONAL & ADV INJURY	\$ 300000
		GEM'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE	\$ 600000
	<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMPOP AGG	\$ 300000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/>	ANY AUTO		/ /	/ /	BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS		/ /	/ /		
	<input type="checkbox"/>	NON-OWNED AUTOS		/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/>	ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	AUTO ONLY: AGG	\$
	<input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	EACH OCCURRENCE	\$
	<input type="checkbox"/>	DEDUCTIBLE		/ /	/ /	AGGREGATE	\$
	<input type="checkbox"/>	RETENTION \$		/ /	/ /		\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	\$ 100000
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100000
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 1000000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
DESCRIPTION: CLEANS AIR DUCTS; LOCATION: 1900 LYNWOOD DR., CONCORD, CA. 94519  
ACCT. #: AA71699  
CERTIFICATE IS SUBJECT TO POLICY TERMS AND CONDITIONS.

**CERTIFICATE HOLDER**

**CANCELLATION**

( ) - ( ) -

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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