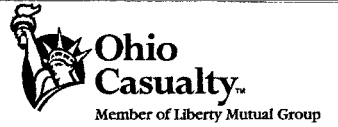


RENEWAL



EFFECTIVE DATE: 11/18/2011

Policy Number: CBP 8093105	Prior Policy: 8093105
Billing Type: DIRECT BILL	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured and Mailing Address: COLUMBUS OFFICE SOLUTIONS LLC 3720 LACON ROAD HILLIARD OH 43026	Agent: HUNTINGTON INSURANCE INC 440 POLARIS PKWY WESTERVILLE OH 43082-6999 Agent Code: 0020076 Agent Phone: (614)-899-8500

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 11/18/2011 To: 11/18/2012 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: LIMITED LIABILITY COMPANY

BUSINESS DESCRIPTION: COPIER REPAIR & SERVICE

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Property Coverage Part	\$ 30.00
Commercial General Liability Coverage Part	INCLUDED
Employers Stop Gap Liability Coverage Part	INCLUDED
Total Premium for all Liability Coverage Parts	\$ 265.00
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	REJECTED *
*If rejected and Commercial Property, Inland Marine and/or coverage for Farm property is provided by this policy, in certain states mandatory fire coverage is provided at no additional premium.	
Total Policy Premium	\$ 500.00 MP

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0003	- 0907 CALCULATION OF PREMIUM
0017	- 1198 COMMON POLICY CONDITIONS
IL0244	- 0907 OHIO CHANGES - CANCELLATION AND NONRENEWAL

17-57 (01/08)

INSURED COPY

Forming a part of

Policy Number: CBP 8093105	
Coverage is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC
Agent Code: 0020076 Agent Phone: (614)-899-8500	

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location Occupancy, Construction/Fire Protection
1	1	3720 LACON ROAD HILLARD OH 43026 OFFICE MACHINE-INSTALL/INSPECT FRAME

COVERAGES PROVIDED:

Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made. (The Coinsurance column reflects Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Symbol.)

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance
1	1	YOUR BUSINESS PERSONAL PROPERTY	\$ 1,030	SPECIAL	100%

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount Expiration Date	Replacement Cost	Inflation Guard
1	1	YOUR BUSINESS PERSONAL PROPERTY		INCLUDED *	

* Replacement cost for Your Business Personal Property also applies to Stock if an asterisk (*) is present.

DEDUCTIBLE: \$ 500

MORTGAGE HOLDERS: NONE

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy:

Form Number	Description
42-62 - 0703	PROPERTY EXTENSION ENDORSEMENT
CF175 - 0186	QUICK REFERENCE-COMMERCIAL PROPERTY COVERAGE PART
CP0010 - 0402	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
0090 - 0788	COMMERCIAL PROPERTY CONDITIONS
CP0123 - 0408	OHIO CHANGES

21-7 (01/08)

INSURED COPY

Forming a part of

Policy Number: CBP 8093105

Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY

Named Insured:
COLUMBUS OFFICE SOLUTIONS LLC

Agent:
HUNTINGTON INSURANCE INC

Agent Code: 0020076

Agent Phone: (614)-899-8500

TOTAL ADVANCE PREMIUM FOR ALL LIABILITY COVERAGE PARTS \$ 265.00

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit	\$ 100,000 Any One Premises
Medical Expense Limit	\$ 5,000 Any One Person
Personal and Advertising Injury Limit	\$ 1,000,000 Any One Person or Organization
General Aggregate Limit (Other Than Products/Completed Operations)	\$ 2,000,000
Products/Completed Operations Aggregate Limit	\$ 2,000,000

LOCATION OF PREMISES

Location Number	Address of All Premises You Own, Rent or Occupy
001	3720 LACON ROAD HILLARD OH 43026

PREMIUM

Class Code	Classification Description	Rates			Advance Premium	
		Premium Base	Territory Code	Prods/Comp Ops	All Other	Prods/Comp Ops

OH

LOCATION 001

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS (continued)

PREMIUM

Class Code	Classification Description		Rates		Advance Premium	
	Premium Base	Territory Code	Prods/ Comp Ops	All Other	Prods/ Comp Ops	All Other
98111	OFFICE MACHINES OR APPLIANCES-INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT					
	75,000	005	INCL	\$ 1.642	INCL	\$ 123
	PAYROLL PER \$1000					
**	BALANCE TO MINIMUM					\$ 17
Audit Period: ANNUAL			Total Advance Premium		INCLUDED	

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy:

Form Number	Description
IL0017	- 1198 COMMON POLICY CONDITIONS
17-22	- 1202 EXCLUSION - LEAD
17-98	- 1202 EXCLUSION - ASBESTOS
22-164	- 0910 RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION
22-45	- 1202 COMMERCIAL GENERAL LIABILITY EXTENSION ENDORSEMENT
22-86	- 1202 EXCL - EXTERIOR INSULATING FINISHING SYSTEMS
22-90	- 0204 EXCLUSION - SILICA
CG0001	- 1001 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0062	- 1202 WAR LIABILITY EXCLUSION
CG2147	- 0798 EMPLOYMENT RELATED PRACTICES EXCLUSION
CG2167	- 0402 FUNGI OR BACTERIAL EXCLUSION
CG2279	- 0798 EXCLUSION-CONTRACTORS - PROFESSIONAL LIABILITY
CL175	- 0286 QUICK REFERENCE COMM L GENERAL LIABILITY COVERAGE PART

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Date Issued: 10/11/2011

Forming a part of

Policy Number: CBP 8093105	
Coverage Is Provided In THE NETHERLANDS INSURANCE COMPANY-A STOCK COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC
Agent Code: 0020076 Agent Phone: (614)-899-8500	

EMPLOYERS STOP GAP LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

Bodily Injury By Accident	\$ 1,000,000	Each Accident Limit
Bodily Injury By Disease	\$ 1,000,000	Policy Limit
Bodily Injury By Disease	\$ 1,000,000	Each Employee Limit
Aggregate Limit	\$ 2,000,000	

PREMIUM

State	Class Code	Classification Description Premium Base	Rate	Advance Premium
	94452	OTHER THAN CONTRACTING OR MANUFACTURING		
	94453	OHIO EXTENDED COVERAGE O/T CNTRACTG OR M		
		75,000	\$.040	\$ 125
		EACH		
		NIL		
Audit Period: ANNUAL			Total Advance Premium	\$ 125

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy:

Form Number	Description
17-11 - 0195	EMPLOYERS STOP GAP LIABILITY COVERAGE FORM
17-170 - 0198	OHIO CHANGES
17-64 - 0195	OHIO EXTENDED COVERAGE ENDORSEMENT
17-68 - 0195	QUICK REFERENCE EMPLOYERS STOP GAP LIAB COVERAGE PART

Date Issued: 10/11/2011

RENEWAL



EFFECTIVE DATE: 11/18/2011

Policy Number: BA 8093705		Prior Policy: 8093705	
Billing Type: DIRECT BILL			
Coverage Is Provided In CONSOLIDATED INSURANCE COMPANY			
Named Insured and Mailing Address: COLUMBUS OFFICE SOLUTIONS LLC 3720 LACON ROAD HILLIARD OH 43026		Agent: HUNTINGTON INSURANCE INC 440 POLARIS PKWY WESTERVILLE OH 43082-6999 Agent Code: 0020076 Agent Phone: (614)-899-8500	

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 11/18/2011 To: 11/18/2012 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: LIMITED LIABILITY COMPANY

BUSINESS DESCRIPTION: COPIER REPAIR & SERVICE

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Auto Coverage Part	\$ 5,120.00
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	\$ 0.00
Total Policy Premium	\$ 5,120.00

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0003	- 0907 CALCULATION OF PREMIUM
IL0017	- 1198 COMMON POLICY CONDITIONS
IL0021	- 0702 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0244	- 0907 OHIO CHANGES - CANCELLATION AND NONRENEWAL

COMMON POLICY DECLARATIONS (continued)

17-57 (01/08)

ITEM ONE

Forming a part of

Policy Number: BA 8093705	
Coverage Is Provided In CONSOLIDATED INSURANCE COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC
Agent Code: 0020076 Agent Phone: (614)-899-8500	

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS**

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of the coverages below will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMITS The most we will pay for any one accident or loss	PREMIUM
LIABILITY	1	\$ 1,000,000	\$ 3,322.00
AUTO MEDICAL PAYMENTS	2	See Declarations Extension.	\$ 236.00
UNINSURED MOTORISTS	2	Bodily Injury Liability \$ 500,000 Each Accident	\$ 76.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto, but no deductible applies to loss caused by fire or lightning. See ITEM FOUR for hired or borrowed "autos."	\$ 251.00
PHYSICAL DAMAGE COLLISION COVERAGE	7	Actual cash value or cost of repair, whichever is less, minus the deductible shown in ITEM THREE for each covered auto. See ITEM FOUR for hired or borrowed "autos."	\$ 612.00
PREMIUM FOR ENDORSEMENTS			\$ 623.00
ESTIMATED TOTAL PREMIUM			\$ 5,120.00
This policy may be subject to final audit.			

Forming a part of

Policy Number: BA 8093705	
Coverage Is Provided In CONSOLIDATED INSURANCE COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC
Agent Code: 0020076 Agent Phone: (614)-899-8500	

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made a part of this policy:

Form Number	Description
16-59 - 0399	BUSINESS AUTO EXTENSION ENDORSEMENT
16-66 - 0296	QUICK REFERENCE BUSINESS AUTO
CA0001 - 1001	BUSINESS AUTO COVERAGE FORM
CA0038 - 1202	WAR EXCLUSION
CA2133 - 0903	OHIO UNINSURED & UNDERINSURED MOTORISTS COV - B I
CA2384 - 0106	EXCLUSION OF TERRORISM
CA9903 - 0797	AUTO MEDICAL PAYMENTS COVERAGE
IL0003 - 0907	CALCULATION OF PREMIUM

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
001	2001	CHEVY ASTRO	COLUMBUS OH	1GNDM19W31B120570
Class: 01199		Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 23,241
Coverages	Deductibles/Limits	Premiums		
LIABILITY	See ITEM TWO for Limits	\$ 801.00		
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 59.00		
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 19.00		
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 137.00		
COMPREHENSIVE	500 Deductible	\$ 52.00		
COLLISION	1,000 Deductible	\$ 123.00		

RENEWAL

Forming a part of

Policy Number: BA 8093705	
Coverage Is Provided In CONSOLIDATED INSURANCE COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC
Agent Code: 0020076	Agent Phone: (614)-899-8500

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
002	2002	CHEVY ASTRO	COLUMBUS OH	1GCDM19X02B117662
	Class: 01199	Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 21,013

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 801.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 59.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 19.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 137.00
COMPREHENSIVE	500 Deductible	\$ 61.00
COLLISION	1,000 Deductible	\$ 147.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
003	2007	CHEVROLET UPLANDER	COLUMBUS OH	1GNDV23107D207968
	Class: 01199	Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 25,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 801.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 59.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 19.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 137.00
COMPREHENSIVE	500 Deductible	\$ 69.00
COLLISION	1,000 Deductible	\$ 171.00

Covered Auto No	Year	Make, Model, Body Type	Town & State where principally garaged	Identification Number
004	2007	CHEVROLET UPLANDER	COLUMBUS OH	1GNDV23107D207310
	Class: 01199	Stated Amount:	Size or Seating Capacity: 5,000	OCN: \$ 25,000

Coverages	Deductibles/Limits	Premiums
LIABILITY	See ITEM TWO for Limits	\$ 801.00
AUTO MEDICAL PAYMENTS	\$ 5,000	\$ 59.00
UNINSURED MOTORISTS	See ITEM TWO for Limits	\$ 19.00
UNDERINSURED MOTORISTS	See ITEM TWO for Limits	\$ 137.00
COMPREHENSIVE	500 Deductible	\$ 69.00
COLLISION	1,000 Deductible	\$ 171.00

RENEWAL

Forming a part of

Policy Number: BA 8093705	
Coverage Is Provided In CONSOLIDATED INSURANCE COMPANY	
Named Insured: COLUMBUS OFFICE SOLUTIONS LLC	Agent: HUNTINGTON INSURANCE INC Agent Code: 0020076 Agent Phone: (614)-899-8500

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS (continued)**

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for service performed by motor carriers of property or passengers.

LIABILITY COVERAGE				
State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov. Is Primary)	Premium
OH	\$ IF ANY	\$ 1.02		\$ 32.00
TOTAL PREMIUM				\$ 32.00 MP

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees	0 - 25	\$ 86.00
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL PREMIUM			\$ 86.00

Date Issued: 10/11/2011

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EFFECTIVE DATE: 11/18/2011

Policy Number: CU 8094505	Prior Policy: 8094505
Billing Type: DIRECT BILL	
Coverage Is Provided In INDIANA INSURANCE COMPANY	
Named Insured and Mailing Address: COLUMBUS OFFICE SOLUTIONS LLC 3720 LACON ROAD HILLIARD OH 43026	Agent: HUNTINGTON INSURANCE INC 440 POLARIS PKWY WESTERVILLE OH 43082-6999 Agent Code: 0020076 Agent Phone: (614)-899-8500

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 11/18/2011 To: 11/18/2012 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: LIMITED LIABILITY COMPANY

BUSINESS DESCRIPTION: COPIER REPAIR & SERVICE

policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Commercial Umbrella Liability Coverage Part	\$ 500.00
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	REJECTED *
*If rejected and Commercial Property, Inland Marine and/or coverage for Farm property is provided by this policy, in certain states mandatory fire coverage is provided at no additional premium.	
Total Policy Premium	\$ 500.00

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0017	- 1198 COMMON POLICY CONDITIONS

COMMON POLICY DECLARATIONS (continued)

RENEWAL



EFFECTIVE DATE: 11/18/2011

Policy Number: CU 8094505		Prior Policy: 8094505	
Billing Type: DIRECT BILL			
Coverage Is Provided In The INDIANA INSURANCE COMPANY			
Named Insured and Mailing Address: COLUMBUS OFFICE SOLUTIONS LLC 3720 LACON ROAD HILLIARD OH 43026		Agent: HUNTINGTON INSURANCE INC 440 POLARIS PKWY WESTERVILLE OH 43082-6999	
		Agent Code: 0020076	Agent Phone: (614)-899-8500

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE			
Each Occurrence Limit	\$ 1,000,000	Any One Occurrence or Offense Subject To The General Aggregate and Products/Completed Operations Aggregate Limits	
Aggregate Limits	\$ 1,000,000	General Aggregate Limit	
	\$ 1,000,000	Products/Completed Operations Aggregate Limit	

SELF INSURED RETENTION			
Self Insured Retention	NONE	Any One Occurrence Or Offense	

UNDERLYING INSURANCE – Refer to Schedule of Underlying Insurance

PREMIUM			
Minimum Premium		\$	500
Total Premium		\$	500

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy:

Form Number	Description
14-116 - 0204	OHIO CHANGES
14-148 - 0108	SCHEDULE OF UNDERLYING INSURANCE
14-155 - 0204	QUICK REFERENCE COMMERCIAL UMBRELLA LIAB COV PART
14-186 - 0204	EXCLUSION - FUNGI OR BACTERIA
14-203 - 0108	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
14-210 - 0204	COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM
14-242 - 0204	NUCLEAR ENERGY LIABILITY EXCLUSION
14-249 - 0204	EXCLUSION - SILICA
14-257 - 0509	EXCL-RECORDING & DISTRIBUTION OF MATERIAL VIOLATION
14-68 - 0204	AUTO LIABILITY - FOLLOW FORM
14-82 - 0204	EMPLOYERS LIABILITY - FOLLOW FORM

14-211 (01/08)

Forming a part of

Policy Number: CU 8094505

Coverage Is Provided In INDIANA INSURANCE COMPANY

Named Insured:
COLUMBUS OFFICE SOLUTIONS LLC

Agent:
HUNTINGTON INSURANCE INC

Agent Code: 0020076

Agent Phone: (614)-899-8500

SCHEDULE OF UNDERLYING INSURANCE

Type of Insurance	Policy Number	Policy Period	Insurer
Commercial General Liability	CBP 8093105	11/18/2011 - 11/18/2012	NETHERLANDS INSURANCE COMPANY
	Limits of Liability:		
	Each Occurrence:		\$ 1,000,000
	Personal and Advertising Injury:		\$ 1,000,000
	General Aggregate:		\$ 2,000,000
	Products/Completed Operations Aggregate:		\$ 2,000,000

Type of Insurance	Policy Number	Policy Period	Insurer
Auto Liability	BA 8093705	11/18/2011 - 11/18/2012	CONSOLIDATED INSURANCE COMPANY
	Limits of Liability:		
	Each Accident:		\$ 1,000,000

Type of Insurance	Policy Number	Policy Period	Insurer
EMPLOYERS STOP GAP LIABILITY COVERAGE	CBP 8093105	11/18/2011 - 11/18/2012	NETHERLANDS INSURANCE COMPANY
	Limits of Liability:		
	BODILY INJURY BY ACCIDENT EACH ACCIDENT		1,000,000
	BODILY INJURY BY DISEASE POLICY LIMIT		1,000,000
	EACH EMPLOYEE		1,000,000
	AGGREGATE LIMIT		2,000,000

Date Issued: 10/11/2011