



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/1/2010

PRODUCER (714)536-6086 FAX: (714)536-4054  
 Bannister & Associates Insurance Agency Inc.  
 License #0691071  
 305 17th Street  
 Huntington Beach CA 92648-4209

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.

INSURED  
 A Better View, Inc.  
 19744 Beach Blvd., #420  
 Huntington Beach CA 92648

| INSURERS AFFORDING COVERAGE              | NAIC # |
|--|--------|
| INSURER A: American States Ins. Co.      |        |
| INSURER B: United Financial Casualty Co. | 11770  |
| 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<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  | 01-CG-690792-70 | 12/15/2010                         | 12/15/2011                          | EACH OCCURRENCE \$ 1,000,000  |
|                      | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000   |                 |                                    |                                     |   |
|                      |  |                 |                                    |                                     | MED EXP (Any one person) \$ 10,000  |
|                      |  |                 |                                    |                                     | PERSONAL & ADV INJURY \$ 1,000,000  |
|                      |  |                 |                                    |                                     | GENERAL AGGREGATE \$ 2,000,000  |
|                      | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |                 |                                    |                                     | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
| B                    | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | 05381018-3      | 10/21/2010                         | 10/21/2011                          | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                              |
|                      |  |                 |                                    |                                     | BODILY INJURY (Per person) \$   |
|                      |  |                 |                                    |                                     | BODILY INJURY (Per accident) \$   |
|                      |  |                 |                                    |                                     | PROPERTY DAMAGE (Per accident) \$   |
|                      | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |                 |                                    |                                     | AUTO ONLY - EA ACCIDENT \$  |
|                      |  |                 |                                    |                                     | OTHER THAN AUTO ONLY: EA ACC \$   |
|                      |  |                 |                                    |                                     | AGG \$  |
|                      | EXCESS / UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$   |                 |                                    |                                     | EACH OCCURRENCE \$  |
|                      |  |                 |                                    |                                     | AGGREGATE \$  |
|                      |  |                 |                                    |                                     | \$  |
|                      |  |                 |                                    |                                     | \$  |
|                      | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below  |                 |                                    |                                     | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|                      |  |                 |                                    |                                     | E.L. EACH ACCIDENT \$   |
|                      |  |                 |                                    |                                     | E.L. DISEASE - EA EMPLOYEE \$   |
|                      |  |                 |                                    |                                     | E.L. DISEASE - POLICY LIMIT \$  |
| A                    | OTHER <b>Unscheduled Tools</b><br><b>Scheduled Equipment</b>   | 01-CG-690792-70 | 12/15/2010                         | 12/15/2011                          | Limit: \$6,500<br>Limit: \$2,400<br>Deductible: \$500                         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 10-day notice of cancellation for non-payment/this notice will be sent in the event of company election.

## CERTIFICATE HOLDER

For Informational Purposes Only

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
 Richard Higgins/RICH

*Richard Higgins*