

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/19/2009

PRODUCER (949)851-8800 FAX: (949)851-8802
GSM Insurance Services
 Lic. #0D15612
 30 Corporate Park #307
 Irvine CA 92606

INSURED
Industrial Waste Utilization, Inc.
 5601 State Street
 Montclair CA 91763

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich-American Insurance	16535
INSURER B: Steadfast Insurance	26387
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY	GLO3986468-07	3/22/2009	3/22/2010	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												
						PERSONAL & ADV INJURY \$ 1,000,000												
						GENERAL AGGREGATE \$ 2,000,000												
						PRODUCTS - COMP/OP AGG \$ 2,000,000												
		GEN'L AGGREGATE LIMIT APPLIES PER:																
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																
A		AUTOMOBILE LIABILITY	BAP3983416-07	3/22/2009	3/22/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000												
		<input checked="" 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 \$												
						AUTO ONLY: AGG \$												
B		EXCESS/UMBRELLA LIABILITY	SEO5243474-05	3/22/2009	3/22/2010	EACH OCCURRENCE \$ 4,000,000												
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000												
		<input type="checkbox"/> DEDUCTIBLE				\$												
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 903 2614-02	1/1/2009	1/1/2010	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
WC STATU-TORY LIMITS	OTH-ER																	
E.L. EACH ACCIDENT		\$ 1,000,000																
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																
B		OTHER Contractor's Pollution and Professional Liab	PEC3986465-07	3/22/2009	3/22/2010	Each Claim \$ 1,000,000 Total for all Claims \$ 1,000,000												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The general liability policy includes the certificate holder as additional insured with regard to work performed by or on behalf of the Named Insured where required by written contract. 10 day notice of cancellation for nonpayment of premium.

CERTIFICATE HOLDER

Sample Certificate
For Bid 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

Joy Folse/JLF

