

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID ID  
TOUCH-1

DATE (MM/DD/YYYY)  
09/16/09


<b>PRODUCER</b>  C. L. Butcher Agency P. O. Box 5449 Knoxville TN 37928-0449 Phone: 865-689-5482 Fax: 865-689-5491	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.												
<b>INSURED</b>  Touch of Gray Painting John Gray 4619 Okey St Knoxville TN 37920	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: <b>First Comp</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>National Grange Mutual</b></td> <td><b>14788</b></td> </tr> <tr> <td>INSURER C: <b>Consumers Insurance USA</b></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>First Comp</b>		INSURER B: <b>National Grange Mutual</b>	<b>14788</b>	INSURER C: <b>Consumers Insurance USA</b>		INSURER D:		INSURER E:	
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## 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
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MPK8182D	10/17/08	10/17/09	EACH OCCURRENCE \$ <b>100000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>2000000</b>				
C		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA 29070488	08/18/09	08/18/10	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500000</b>
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 0067805-02	10/30/08	10/30/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		E.L. EACH ACCIDENT \$ <b>100000</b>				
		E.L. DISEASE - EA EMPLOYEE \$ <b>100000</b>				
		OTHER				E.L. DISEASE - POLICY LIMIT \$ <b>500000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**APOGEE NEW DAWN, LLC & THE OWNERSHIP ENTITIES OF THEIR OWNED OR MANAGED PROPERTIES ARE INCLUDED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY AS THEIR INTERESTS MAY APPEAR IN REGARD TO WORK PERFORMED BY THE NAMED INSURED. A WAIVER OF SUBROGATION IS ISSUED IN FAVOR OF THE AFOREMENTIONED PARTIES ON ALL POLICIES AS PERMITTED BY LAW.**

<b>CERTIFICATE HOLDER</b>  APOGEE NEW DAWN, LLC 100 E. LINTON BLVD. SUITE 109B DELRAY BEACH, FL 33483	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
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