

CERTIFICATE OF LIABILITY INSURANCE

FEROX-1

OP ID: KB DATE (MM/DD/YYYY)

01/10/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	DUCER	<u> </u>		CONTACT Scott Bailey PHONE (A/C, No, Ext): 801-263-2374					
ISU	- Cerva Browning, Quinn 6 S. 900 E., Suite 210								
Salt	t Lake City, UT 84117				E-MAIL ADDRESS: SCOT	<u>-</u>	baco.com	(A/C, NO): 00	, 200 20. 1
Scott Bailey					INSURER(S) AFFORDING COVERAGE				
					meunen a .1 IR				NAIC #
INSURED Rennsli Corp P.O. Box 2150					INSURER A : LIBERTY MUTUAL INSURANCE INSURER B : Markel - Essesx Insurance Comp				
					INSURER C: Evanston Insurance Company				
	Orem, UT 84059					1151	OII IIISUI AII	ce company	
					INSURER D :				
					INSURER E :		· · · · · · · · · · · · · · · · · · ·		
	V== 10=0				INSURER F:				
				NUMBER:	VE BEEN IOOUE	 -		REVISION NUMBER:	201101/ 252102
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERTA POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTR	ACT ICIE	OR OTHER I	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY (MM/DD/Y	FF (YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,00
	CLAIMS-MADE X OCCUR			SP872493	11/14/2	015	11/14/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,00
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$	2,000,00
	OTHER:							FRODUCTS - COMPICE AGG \$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &	1,000,00
Α	X ANY AUTO			BAS55135905	05/27/2	015	05/27/2016	(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,00
	ALL OWNED SCHEDULED			DA00010000	03/2//2013	03/2//2016	BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE \$	
	HIRED AUTOS AUTOS							(Per accident)	
	UMBRELLA LIAB OCCUP						ļ	\$	
	- Joseph Joseph							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE			•				AGGREGATE \$	
	DED RETENTION \$							S S S S S S S S S S S S S S S S S S S	
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	<u>-</u> .
	If yes, describe under DESCRIPTION OF OPERATIONS below						ļ.,	E.L. DISEASE - POLICY LIMIT \$	
В	Property Section			1CV7215	10/22/2	015	10/22/2016	Building	350,00
								BPP	50,00
	<u></u>								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	,			.,,	,			
CE	RTIFICATE HOLDER				CANCELLAT	ON			
	Ferox Fuel Tabs Mexico S RL DE CV	•		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Ave De La Niebla 686-A Fracc. San Marcos Mexicali, Baja Cali., CP 21050					AUTHORIZED REPRESENTATIVE Scott Bailey				