

Your Insurance Company  
Insurance Co. Address

*SAMPLE FOR BEJAC CORPORATION*

The following described policies in the name of:  
have been issued by the company with respect to the coverages, and limits  
of liability indicated by specific entry herein.

Named Insured and Address

Your Company Name
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TYPE OF COVERAGE	POLICY PERIOD	POLICY NUMBER	LIMITS
<i>General Liability</i> ___ <i>Commercial General Liability</i> ___ <i>Claims Made</i> ___ <i>Occurrence</i> ___ <i>Owner's &amp; Contractor's Prof.</i>	Eff. <i>08/15/01</i> Exp. <i>08/15/02</i>	<i>CPP0553216</i>	<i>General Aggregate</i> \$ <i>1,000,000</i> <i>Products-Comp/Ops Aggregate</i> \$ <i>1,000,000</i> <i>Personal &amp; Advertising Injury</i> \$ <i>500,000</i> <i>Each Occurrence</i> \$ <i>500,000</i> <i>Fire Damage (Any one fire)</i> \$ <i>50,000</i> <i>Medical Expense</i> \$ <i>5,000</i>
Automobile Liability ___ Any Auto ___ All Owned Autos ___ Scheduled Autos ___ Hired Autos ___ Non-Owned Autos ___ Garage Liability	Eff. Exp.  Eff. Exp.		Business Auto - Combined Single Limit Per Accident                         \$ Garage Operations Auto Only Per Accident                         \$ Garage Operations Other Than Auto Only Per Accident                         \$
Excess Liability ___ Umbrella Form ___ Other Than Umbrella	Eff. Exp.		Each Occurrence                     \$ General Aggregate                   \$ Products-Comp/Ops Aggregate     \$
Workers' Compensation and Employers' Liability	Eff. Exp.		Statutory Limits                     \$ Each Accident                       \$ Disease - Policy Limit             \$ Disease - Each Employee         \$
Other  <i>Contractors Equipment</i>	<i>Eff. 8/15/01</i> <i>Exp. 8/15/02</i>		<i>*Minimum coverage of \$100,000.00 required</i>  <i>*Base your limit on value of equipment normally rented</i>

Description of Operations/Locations/Vehicles/Restrictions/Special Items

*Certificate Holder is named additional Insured with respect to liability and Loss payee with respect to leased, rented or borrowed equipment.*

IN THE EVENT OF CANCELLATION OF SAID POLICIES BY THE COMPANY, THE COMPANY WILL ENDEAVOR TO GIVE 30 DAYS WRITTEN NOTICE TO THE PARTY TO WHOM THE CERTIFICATE IS ISSUED, AT THE ADDRESS SHOWN HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Countersignature (If Required);

\_\_\_\_\_  
(Authorized Representative)

DATE ISSUED \_\_\_\_\_

Bejac Corporation 569 S. Van Buren St. Placentia, CA 92870
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