

DATE (MM/DD/YYYY)  
12/11/2008

<b>PRODUCER</b> MARSH USA INC. 1225 17TH STREET, SUITE 2100 DENVER, CO 80202-5534	<b>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>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>S56826-01245-ELL-</b>  <b>INSURED</b> ADAMS COUNTY SCHOOL DISTRICT #14 5291 E. 60TH AVENUE COMMERCE CITY, CO 80022	INSURER A: Princeton Excess & Surplus Lines Co.	
	INSURER B: Safety National Casualty Corp.	15105
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

2

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/ LTR	ADD'L INSRD	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY		64-A3-EX-0000027-02	07/01/08	07/01/09	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES(Ea occurrence)				\$	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$ EXCLUDED	
		<input checked="" type="checkbox"/> \$150,000 SIR	PERSONAL & ADV INJURY				\$	
		GENERAL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 6,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG				\$ 5,000,000	
A		AUTOMOBILE LIABILITY		64-A3-EX-0000027-02	07/01/08	07/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
		<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								
<input checked="" type="checkbox"/> \$150,000 SIR								
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO	OTHER THAN EA ACC				\$	
		<input type="checkbox"/>	AUTO ONLY: AGG				\$	
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE				\$	
		<input type="checkbox"/>					\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/>					\$	
		<input type="checkbox"/> RETENTION \$					\$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		SP-2G62-CO	07/01/08	07/01/09	<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		OTHER		64-A3-EX-0000027-02	07/01/08	07/01/09	\$5,000,000 EACH CLAIM \$5,000,000 AGGREGATE	
		EDUCATORS LEGAL LIABILITY (CLAIMS MADE)						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
FOR INFORMATION PURPOSES ONLY

<b>CERTIFICATE HOLDER</b>	SEA-001280618-01
---------------------------	------------------

## CANCELLATION

EVIDENCE OF INSURANCE  
ADAMS COUNTY SCHOOL DISTRICT 14  
5291 E. 60th Ave.  
COMMERCE CITY, CO 80022

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  
of Marsh USA Inc.  
Sharon A. Hammer

Sharon A. Hammer

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.