

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR PS
9ASPE-3

DATE (MM/DD/YYYY)
10/28/09

PRODUCER

Insurance & Benefits Group
252 N.W Executive Way
Lees Summit MO 64063
Phone: 816-525-3155 Fax: 816-525-7110

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: Cincinnati Specialty Underwrit
INSURER B: Cincinnati Insurance Company
INSURER C: Axis Insurance Co
INSURER D: New Hampshire Insurance
INSURER E:

10677

INSURED
Aspen Contracting Inc.
ASI Contracting Inc.
ASI Contracting DBA:
Aspen Contracting, Inc.
ASI
4141 Lakewood Way
Lee's Summit MO 64064

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	CSU0012529	07/24/09	07/24/10	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) \$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	CAP5183306	07/24/09	07/24/10	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				Emp Ben. 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	GARAGE LIABILITY	EAU719154/01/2009	07/24/09	07/24/10	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	EXCESS/UMBRELLA LIABILITY				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AUTO ONLY - EA ACCIDENT \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1290786	07/24/09	07/24/10	OTHER THAN AUTO ONLY: EA ACC \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				AGG \$
	If yes, describe under SPECIAL PROVISIONS below				EACH OCCURRENCE \$ 10,000,000
	OTHER				AGGREGATE \$ 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Roofing Contractor

CERTIFICATE HOLDER

IDAHOIN

Idaho Industrial Commission
Employer Compliance Department
Box 83720
Boise ID 83720-0041

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