



CERTIFICATE OF LIABILITY INSURANCE

OPID PS
9ASPE-3

DATE (MM/DD/YYYY)

03/11/10

| | | | |
|--|--|--|------------------------|
| PRODUCER Insurance & Benefits Group 252 N.W. Executive Way Lee's 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. | |
| INSURED Aspen Contracting Inc. ASI Contracting Inc. ASI Contracting DBA: Aspen Contracting, Inc. ASI 4141 Lakewood Way Lee's Summit MO 64064 | | INSURERS AFFORDING COVERAGE INSURER A: Cincinnati Specialty Underwrit INSURER B: Cincinnati Insurance Company INSURER C: Axis Insurance Co INSURER D: New Hampshire Insurance INSURER E: | NAIC # 10677 |

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/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|------|-----------|-------|--|-------------------|------------------------------------|-------------------------------------|---|------------------|
| A | X | | 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 |
| | | | CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> | | | | MED EXP (Any one person) | \$ EXCLUDED |
| | | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | Emp Ben. | 1,000,000 |
| B | | | AUTOMOBILE LIABILITY | CAP5183306 | 07/24/09 | 07/24/10 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | <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 | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | <input type="checkbox"/> NON-OWNED AUTOS | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | | AUTO ONLY: AGG | \$ |
| C | | | EXCESS / UMBRELLA LIABILITY | EAU719154/01/2009 | 07/24/09 | 07/24/10 | EACH OCCURRENCE | \$ 10,000,000 |
| | | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 10,000,000 |
| | | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | | RETENTION \$ | | | | | \$ |
| D | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC1290786 | 07/24/09 | 07/24/10 | WC STATUTORY LIMITS | OTHER |
| | | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | |
| | | | If yes, describe under SPECIAL PROVISIONS below | | | | | |
| | | | OTHER | | | | | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

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

Roofing Contractor
 Certificate Holder is Additional Insured

CERTIFICATE HOLDER

Aspen Contracting Inc.
 13023 Gateway Alliance Drive
 Keller TX 76248

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

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

This Certificate of Insurance 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.