

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TV
AMWAR-1

DATE (MM/DD/YYYY)
03/08/06

PRODUCER
The G. F. Hoch Company, Inc.
Tower at Erievew, Suite 1430
1301 E. 9th Street
Cleveland OH 44114-2581
Phone: 216-861-2727 Fax: 216-861-2957

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

Amware Express, Inc.
Scott Hayden
19801 Holland Road, #A
Cleveland OH 44142

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A GREAT WEST CASUALTY	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

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, IT 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LIM	GWP28329B	03/08/06	03/08/07	EACH OCCURRENCE DAMAGE TO PROPERTY (Per occurrence) \$ 1,000,000 MEDICAL (Any one person) \$ 50,000 PERSONAL AND ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS/COMPLETED OPERATIONS \$ 2,000,000	
A		AUTOMOBILE LIABILITY ALL A TO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GWP28329B	03/08/06	03/08/07	UNINSURED MOTORIST LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY (Per accident) \$ OTHER THAN AUTO ONLY (Per accident) \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ALL EMPLOYERS/PARTNERS/EXECUTIVE OFFICER/MEMBER/RETIRED/ELIGIBLE If yes, describe under SPECIAL PROVISIONS below	GWP28329B	03/08/06	03/08/07	<input type="checkbox"/> WAITED <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY LIMITS \$1 EACH ACCIDENT \$ 1,000,000 \$1 DISEASE PER EMPLOYEE \$ 1,000,000 \$1 DISEASE POLICY LIMIT \$ 1,000,000	
A		OTHER Motor Truck Cargo	GWP28329B	03/08/06	03/08/07	\$100,000 Limit \$1,000 Deductible	

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

CERTIFICATE HOLDER

SPECCER

SPECIMEN CERT

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
Tina DeVincentis