



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

| | | | |
|---|--|-------------------------------------|--------------|
| PRODUCER ISU INS SERV - BC ENV BROKERAGE 1037 Suncastr Ln Ste 103 El Dorado Hills, CA 95762 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): (916)939-1080 | FAX (A/C, No): (916)939-1085 | |
| INSURED MACS Lab, Inc. 431 Crown Point Cir., Suite 120 Grass Valley, CA 95945 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: LIBERTY SURPLUS INSURANCE CORP | | 10725 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | | | |
|---|---|--|------------------------------|---|-------------------------|-------------------------|---|--|--|--|--|------------------------------|--|--|--|--|--|--|--|------------------------------|--|--|--|
| A | GENERAL LIABILITY | | | UVE-DE-103698-111 CPL RETRO:12/12/92 | 07/01/11 | 07/01/12 | 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) \$ 10,000 | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> CONT. POLLUTION (CLAIMS MADE) | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | | | | | | | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> ANY AUTO ALLOWED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | | | BODILY INJURY (Per person) \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> | | | | | BODILY INJURY (Per accident) \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | PROPERTY DAMAGE (Per accident) \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ | | | | | | | | | | | | | | | | |
| | EXCESS LIAB | | | | | | AGGREGATE \$ | | | | | | | | | | | | | | | | |
| | DED | | RETENTION \$ | | | | \$ | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | | | | \$ | | | | | | | | | | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | UVE-DE-103698-111 E&O RETRO: 12/12/1992 | 07/01/11 | 07/01/12 | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | | | | | | | | | | | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | <input type="checkbox"/> N/A | | | | E.L. EACH ACCIDENT \$ | | | | | | | | | | | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | | | | | | | | | | | | | | |
| | OTHER: E&O LIAB. INC. IN GL ABOVE | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="4"></td> <td>\$1,000,000 OCCURENCE</td> <td colspan="3"></td> </tr> <tr> <td colspan="4"></td> <td>\$2,000,000 AGGREGATE</td> <td colspan="3"></td> </tr> </table> | | | | | | | | | | | | \$1,000,000 OCCURENCE | | | | | | | | \$2,000,000 AGGREGATE | | | |
| | | | | \$1,000,000 OCCURENCE | | | | | | | | | | | | | | | | | | | |
| | | | | \$2,000,000 AGGREGATE | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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| CERTIFICATE HOLDER | CANCELLATION |
| -FOR INFORMATION ONLY- | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

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