

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/09/04

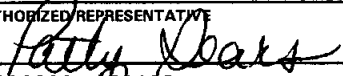
<b>PRODUCER</b> Acordia 111 Monument Circle, Ste. 3200 P. O. Box 44980 Indianapolis, IN 46244 317-615-7600	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
<b>INSURED</b> T2 Systems Mr. Troy Lane 7835 Woodland Drive, #250 Indianapolis IN 46278	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: ITT Hartford Insurance Group 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 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	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"/> PROJECT <input type="checkbox"/> LOC	36SBAAD3437	1/01/04	1/01/05	EACH OCCURRENCE \$ 100000																
					FIRE DAMAGE (Any one fire) \$ 100000																
					MED EXP (Any one person) \$ 10000																
					PERSONAL & ADV INJURY \$ 1000000																
					GENERAL AGGREGATE \$ 2000000																
					PRODUCTS - COMP/OP AGG \$ 2000000																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$																
					BODILY INJURY (Per person) \$																
					BODILY INJURY (Per accident) \$																
					PROPERTY DAMAGE (Per accident) \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$																
					OTHER THAN EA ACC \$																
					AUTO ONLY: AGG \$																
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$																
					AGGREGATE \$																
					\$																
					\$																
					\$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	36WECKE3694	1/01/04	1/01/05	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">WC STATUTORY LIMITS</td> <td style="width:15%;">OTHER</td> <td style="width:55%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td>500000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td>500000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td>500000</td> <td></td> </tr> </table>		WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT	\$	500000		E.L. DISEASE - EA EMPLOYEE	\$	500000		E.L. DISEASE - POLICY LIMIT	\$	500000	
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E.L. DISEASE - POLICY LIMIT	\$	500000																			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 RE: THE BELOW REFERENCED CERTIFICATE HOLDER IS ADDITIONAL INSURED ATIMA.

<b>CERTIFICATE HOLDER</b> City of Fort Collins, Colorado Purchasing Division 215 North Mason St., 2nd Floor Fort Collins, CO 80524	<b>ADDITIONAL INSURED; INSURER LETTER:</b> CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 
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