

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE: 11/28/04			
<b>PRODUCER</b> Pinnacle Assurance 7501 E Lowry Blvd DENVER CO 80230 7006			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>INSURED</b> ROUSSELL ENTERPRISES INC 1508 FALLS COURT LOVELAND CO 80538			COMPANIES AFFORDING COVERAGE				
			COMPANY			A Pinnacle Assurance	
			COMPANY			B	
			COMPANY			C	
			SUBSIDIARY				
			D				
<b>COVERAGES</b> 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 AND 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.							
CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERAGE		
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURS <input type="checkbox"/> COMBINED (LIMITS MAY VARY BY STATE)				<input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS-COMPOUND AGE <input type="checkbox"/> PERSONAL AND ADVERTISING <input type="checkbox"/> FURTHER PROTECTION <input type="checkbox"/> THE DAMAGE-AUTOMOBILE <input type="checkbox"/> THE THEFT-AUTOMOBILE		
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> NON OWNED AUTOS				<input type="checkbox"/> UNINSURED MOTORIST <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE		
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<input type="checkbox"/> AUTO ONLY-ALL ACCIDENT <input type="checkbox"/> OTHER THAN AUTO ONLY <input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> AGGREGATE		
	<input type="checkbox"/> PERSONAL LIABILITY <input type="checkbox"/> UNWILLING TOYM <input type="checkbox"/> OTHER THAN UMBRELLA TOYM				<input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> AGGREGATE		
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNER <input type="checkbox"/> EXECUTIVE OFFICERS/DIR.	2318952	10/01/2004	10/01/2005	<input checked="" type="checkbox"/> WORKERS COMP <input type="checkbox"/> OTHER <input type="checkbox"/> EACH ACCIDENT <input type="checkbox"/> POLICY LIMIT <input type="checkbox"/> RELEASE TO EMPLOYEE	\$100,000 \$500,000 \$100,000	
	OTHER						
DESCRIPTION OF OPERATIONS, LOCATION, VEHICLES, SPECIAL ITEMS SEE BACK OF CERTIFICATE FOR CLASS COVERAGE AND OWNERSHIP COVERAGE DETAIL.							
<b>CERTIFICATE HOLDER</b> 704691 CITY OF FT COLLINS ATTN: PURCHASING DEPT JAMES B O'NEILL II, CPRO, FNIGP ATTN: PHIL PO BOX 580 FORT COLLINS CO 80522				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE  Nichole Valdez Underwriter			
ACORD 20-8 (1-98)				ACORD CORPORATION 1993			

CERTIFICATE HOLDER COPY

CITY OF FT COLLINS ATTN: PURCHASING DEPT  
JAMES B O'NEILL II, CPPO, INGP ATTN: PHIL  
PO BOX 580  
FORT COLLINS CO 80522

POLICY NUMBER: 2318952  
BUSINESS LOCATION: KENNETH ROUSSELLE DBA ROUSSELLE VAULT CO

CLASSIFICATION OF OPERATION CLASS DESCRIPTION	COVERAGE EFFECTIVE	COVERAGE EXPIRES	RATING TYPE
405405 BURIAL VAULTS MIG/INSTALL	10/01/2004	10/01/2005	EM