

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/26/2008

|  |   |              |
|--|---|--------------|
| PRODUCER<br><b>ISI Southern California</b><br># 0351162<br>1600 Oxnard Street, 8th Floor<br>Woodland Hills, CA 91367 | 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. |              |
|  | INSURERS AFFORDING COVERAGE   | NAIC #       |
| INSURED<br><b>Shelf Master, Inc.</b><br>2837 E. Coronado Street<br>Anaheim, CA 92806                                 | INSURER A: <b>Golden Eagle Insurance Corporation</b>  | <b>10836</b> |
|  | INSURER B: <b>Zurich American Insurance Company</b>   | <b>16535</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 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<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | CBP8148121    | 06/10/08                         | 06/10/09                          | EACH OCCURRENCE   | \$1,000,000 |
|                |       |   |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$100,000   |
|                |       |   |               |                                  |                                   | MED EXP (Any one person)  | \$5,000     |
|                |       |   |               |                                  |                                   | PERSONAL & ADV INJURY   | \$1,000,000 |
|                |       |   |               |                                  |                                   | GENERAL AGGREGATE   | \$2,000,000 |
|                |       |   |               |                                  |                                   | PRODUCTS - COMP/OP AGG  | \$2,000,000 |
| A              |       | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  | CBP8148121    | 06/10/08                         | 06/10/09                          | COMBINED SINGLE LIMIT (Ea accident)   | \$1,000,000 |
|                |       |   |               |                                  |                                   | BODILY INJURY (Per person)  | \$          |
|                |       |   |               |                                  |                                   | BODILY INJURY (Per accident)  | \$          |
|                |       |   |               |                                  |                                   | PROPERTY DAMAGE (Per accident)  | \$          |
|                |       | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT   | \$          |
|                |       |   |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC  | \$          |
|                |       |   |               |                                  |                                   | AGG   | \$          |
| A              |       | EXCESS/UMBRELLA LIABILITY<br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 10,000  | CU8142224     | 06/10/08                         | 06/10/09                          | EACH OCCURRENCE   | \$3,000,000 |
|                |       |   |               |                                  |                                   | AGGREGATE   | \$3,000,000 |
|                |       |   |               |                                  |                                   |   | \$          |
|                |       |   |               |                                  |                                   |   | \$          |
| B              |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER  | WC0283344200  | 06/10/08                         | 06/10/09                          | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS<br><input type="checkbox"/> OTH-ER |             |
|                |       |   |               |                                  |                                   | 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  
**Proof of Insurance. \*Except 10 day notice of cancellation for non payment of premium.**

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| <b>CERTIFICATE HOLDER</b><br>Shelf Master, Inc.<br>2837 E Coronado Street<br>Anaheim, CA 92806 | <b>CANCELLATION</b><br>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<br><i>T. Jones</i>  |