

PRODUCER Forsberg Engerman Company 3575 S. Sherman St. Englewood CO 80113 Phone: 303-762-1717	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 D L M Incorporated 3560 Brighton Blvd Denver CO 80216-3611	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: American Int'l Specialty Lines</td> <td></td> </tr> <tr> <td>INSURER B: Progressive Companies</td> <td></td> </tr> <tr> <td>INSURER C: Pinnacol Assurance</td> <td></td> </tr> <tr> <td>INSURER D: Employers Mutual Casualty Co</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: American Int'l Specialty Lines		INSURER B: Progressive Companies		INSURER C: Pinnacol Assurance		INSURER D: Employers Mutual Casualty Co		INSURER E:	
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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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		GENERAL LIABILITY	PROP1064280	05/07/07	05/07/08	EACH OCCURRENCE	\$ 100000				
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000				
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	MED EXP (Any one person)	\$ 10000		
	<input checked="" type="checkbox"/>					INCL POLLUTION LIABILITY FOR ASBESTOS ABATEMENT		PERSONAL & ADV INJURY	\$ 1000000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$5000 BI & PD Deductible		GENERAL AGGREGATE	\$ 2000000		
	<input checked="" type="checkbox"/>	POLICY				<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$ 2000000
B		AUTOMOBILE LIABILITY	CA04562492-6	06/30/06	06/30/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000				
	<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$				
	<input checked="" type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$				
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
<input checked="" type="checkbox"/>	HIRED AUTOS										
<input checked="" type="checkbox"/>	NON-OWNED AUTOS										
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		ANY AUTO				OTHER THAN EA ACC AGG	\$				
							\$				
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$				
		<input type="checkbox"/>	OCCUR	<input type="checkbox"/>	CLAIMS MADE	AGGREGATE	\$				
							\$				
							\$				
							\$				
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2299930	07/01/06	07/01/07	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100000				
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100000				
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000				
D		Building	3A0640408	04/16/07	04/16/08	Limit	\$239327				
		ACV				Ded	\$1000				

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

SAMPLE

CERTIFICATE HOLDER SAMPLE	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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