

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/15/2009

|   |  |  |   |
|---|--|--|---|
| <b>PRODUCER</b><br>TED J SCHULTZ INSURANCE AGENCY<br>7375 E 6TH AVE., STE 1<br>SCOTTSDALE, AZ 85251                             |  | 480-946-2121   | 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><br>PLATNUM FUTURE, INC<br>DBA EVENING STAR LIMO DBA BILTMORE LIMO<br>7077 E 5TH AVE<br>SCOTTSDALE, AZ 85251-3218 |  | INSURERS AFFORDING COVERAGE<br>INSURER A: SCOTTSDALE INSURANCE COMPANY<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>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                    | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |                     |       |                    |    |                            |    |                             |    |  |
|-----------------------------|-------------|--|---------------|----------------------------------|-----------------------------------|--|---------------------|-------|--------------------|----|----------------------------|----|-----------------------------|----|--|
|                             |             | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>_____<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$   |                     |       |                    |    |                            |    |                             |    |  |
| A                           |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br>_____  | CASL000921    | 12-31-08                         | 12-31-09                          | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |                     |       |                    |    |                            |    |                             |    |  |
|                             |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |                     |       |                    |    |                            |    |                             |    |  |
|                             |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>_____<br>DEDUCTIBLE \$<br>RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$   |                     |       |                    |    |                            |    |                             |    |  |
|                             |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |               |                                  |                                   | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |  |
| WC STATUTORY LIMITS         | OTHER       |  |               |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |  |
| E.L. EACH ACCIDENT          | \$          |  |               |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |  |
| E.L. DISEASE - EA EMPLOYEE  | \$          |  |               |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |  |
| E.L. DISEASE - POLICY LIMIT | \$          |  |               |                                  |                                   |  |                     |       |                    |    |                            |    |                             |    |  |
| A                           |             | <b>OTHER UM/UIM</b>  | CASL000921    | 12-31-08                         | 12-31-09                          | LIMITS \$ <b>300,000</b>   |                     |       |                    |    |                            |    |                             |    |  |

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

LIMOUSINE OPERATION

## CERTIFICATE HOLDER

|                    |  |
|--------------------|--|
| PROOF OF INSURANCE | <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 _____ 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.<br>AUTHORIZED REPRESENTATIVE |
|--------------------|--|