CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 01/01/08

PRODUCER 800 277-1620

Crum Staffing II, Inc.
100 S. Missouri Ave.
Clearwater, FL 33756

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

COMPANIES AFFORDING COVERAGE

COMPANY A: Frank Winston Crum Insurance, Inc.

INSURED

St. Moritz Services, Inc.
DBA Bay Area Window Cleaning &
Bay Area Painting & Waterproofing
5553 W. Waters Ave. Suite 315
Tampa, FL 33634

COMPANY B:

COMPANY C:

COMPANY D:

COVERAGE'S

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENTS, 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. limits SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	
	COMM. GENERAL LIABILITY				PROD-COMP/OP AGG.	
	CLAIMS MADE / OCCUR				PERS. & ADV. INJURY	
					EACH OCCURRENCE	
	_____				FIRE DAMAGE(One Free)	
					MED EXP(Any one person)	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	
	NON-OWNED AUTOS					
	_____				PROPERTY DAMAGE	
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	
	ANY AUTO				OTHER THAN AUTO ONLY:	
	_____				EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	UMBRELLA FORM				AGGREGATE	
	OTHER THAN UMBRELLA FORM					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X STATUTORY LIMITS	
	THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE: X INCL / EXCL	WC 8 0000 0000	01/01/08	01/01/09	EACH ACCIDENT	1000000
					DISEASE-POLICY LIMIT	1000000
					DISEASE-EACH EMPL.	1000000
	OTHER					

Workers' Compensation Code 9001 (high-rise window cleaning code)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS COVERAGE IS FOR LEASED EMPLOYEES AND INCLUDES AN ALTERNATE EMPLOYER ENDORSEMENT FOR: BAY AREA WINDOW CLEANING, INC.

CERTIFICATE HOLDER

(Bid Sample Only - official certificate available upon request)

CANCELLATION

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