



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LR

DATE (MM/DD/YYYY)

04/11/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>KNOX INSURANCE GROUP LLC</b> P O BOX 53406 LAFAYETTE, LA 70505 RANDALL BONAVENTURE		337-233-0530  337-235-0547	CONTACT NAME: <b>LINDA RAY</b> PHONE (A/C, No, Ext): <b>337-769-4546</b> E-MAIL ADDRESS: <b>lray@knoxinsurance.com</b> PRODUCER CUSTOMER ID #: <b>ANALST2</b>	FAX (A/C, No): <b>337-235-0547</b>
INSURED <b>ANALYTIC STRESS RELIEVING INC</b> <b>117 BOARD ROAD</b> <b>LAFAYETTE, LA 70508</b>		INSURER(S) AFFORDING COVERAGE <b>INSURER A : ACE AMERICAN INSURANCE CO</b> <b>INSURER B : IRONSHORE SPECIALTY INS CO</b> <b>INSURER C : AGCS MARINE INSURANCE COMPANY</b> INSURER D : INSURER E : INSURER F :		NAIC # <b>22667</b> <b>25445</b> <b>22837</b>

**COVERAGES**

CERTIFICATE NUMBER:

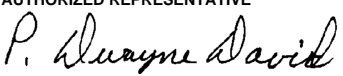
REVISION NUMBER:

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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	HDOG25525346	04/10/11	04/10/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> CONTRACTUAL						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> BROAD FORM P.D.			XCU, IN REM, GULF OF ME NON-OWN.WATERCRAFT			GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY	X	X	ISAH08633861	04/10/11	04/10/12	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						COMP DED \$ <b>1,000</b>
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						COLL DED \$ <b>1,000</b>
B	UMBRELLA LIAB	X	X	000995600	04/10/11	04/10/12	EACH OCCURRENCE \$ <b>25,000,000</b>
	EXCESS LIAB						AGGREGATE \$ <b>25,000,000</b>
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ <b>25,000</b>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WLRC46471829 INCLUDES JONES ACT	04/10/11	04/10/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
C	MOTOR TRUCK CARGO			MXI93030483	04/10/11	04/10/12	PROP IN TRANSIT <b>100,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 W.C. INCL. ALTERNATE EMPLOYER, USL&H, MARITIME, VOL.COMP, TWM&C, DOHS, IN REM, OCS, GULF OF MEXICO EXT, & VOL.COMP-MEL. ALL POLICIES INCLUDE PRIMARY INSURANCE CLAUSE AND 30 DAYS NOTICE OF CANCELLATION. UMBRELLA FOLLOWS FORM.

**CERTIFICATE HOLDER****CANCELLATION**

001SAMP	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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