

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/16/10

PRODUCER

WELLS FARGO INS SERVICES LA404
OF NEVADA INC
604 W MOANA LANE
RENO, NV 89509-4903

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 **COLONY INSURANCE COMPANY**

COMPANY B

COMPANY C

COMPANY D

INSURED

RENO SUNROOMS, INC.
4068 S MCCARRAN BLVD STE C
RENO, NV 89502

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | |
|--|---|-----------------|----------------------------------|-----------------------------------|---|--|--|--|----------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT | GL951718 | 06/17/10 | 06/17/11 | GENERAL AGGREGATE \$ 2,000,000 | | | | |
| | PRODUCTS - COM/OP AGG \$ 2,000,000 | | | | | | | | |
| | PERSONAL & ADV INJURY \$ 1,000,000 | | | | | | | | |
| | EACH OCCURRENCE \$ 1,000,000 | | | | | | | | |
| | FIRE DAMAGE (Any one fire) \$ 50,000 | | | | | | | | |
| | MED EXP (Any one person) \$ 5,000 | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | <p>This insurance contract is issued pursuant to the Nevada Insurance Laws by an insurer neither licensed by nor under the supervision of the Nevada Insurance Division. If the insurer is found insolvent, a claim under the contract is not covered by the Nevada Insurance Guaranty Insurance Act.</p> | | | | COMBINED SINGLE LIMIT \$ |
| BODILY INJURY (Per person) \$ | | | | | | | | | |
| BODILY INJURY (Per accident) \$ | | | | | | | | | |
| PROPERTY DAMAGE \$ | | | | | | | | | |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | <p style="text-align: center;">COUNTERSIGNED BY Wells Fargo Insurance Services USA, Inc. <i>16 DAY OF June 2010</i> <i>Barbara D. Brown</i> SURPLUS LINES BROKER #17009</p> | | | | | | | | AUTO ONLY - EA ACCIDENT \$ |
| OTHER THAN AUTO ONLY: | | | | | | | | | |
| EACH ACCIDENT \$ | | | | | | | | | |
| AGGREGATE \$ | | | | | | | | | |
| EACH OCCURRENCE \$ | | | | | | | | | |
| AGGREGATE \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | STATUTORY LIMITS | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | | | | | | |
| EACH ACCIDENT \$ | | | | | | | | | |
| DISEASE - POLICY LIMIT \$ | | | | | | | | | |
| DISEASE - EACH EMPLOYEE \$ | | | | | | | | | |
| OTHER | | | | | | | | | |
| | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

DOMESTIC BANK
815 RESERVOIR AVENUE
CRANSTON, RI 02910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

Fred E. Newman