



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2010

PRODUCER
Aon Risk Services Northeast, Inc.
Parsippany NJ Office
10 Lanidex Center West
P.O. Box 608
Parsippany NJ 07054-0608 USA

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.

PHONE: (866) 283-7122 FAX: (847) 953-5390

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	Illinois National Insurance Co	23817
INSURER C:	New Hampshire Ins Co	23841
INSURER D:		
INSURER E:		

INSURED
Cellco Partnership dba Verizon wireless
180 Washington Valley Road
Bedminster NJ 07921 USA

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

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.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	0907415	06/30/2009	06/30/2010	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY	0919443	06/30/2009	06/30/2010	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A		<input checked="" type="checkbox"/> ANY AUTO	AOS	06/30/2009	06/30/2010	BODILY INJURY (Per person)	
A		<input type="checkbox"/> ALL OWNED AUTOS	0919444	06/30/2009	06/30/2010	BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS	MA	06/30/2009	06/30/2010	PROPERTY DAMAGE (Per accident)	
		<input type="checkbox"/> HIRED AUTOS	0919445				
		<input type="checkbox"/> NON OWNED AUTOS	VA				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION					
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	60168870	06/30/2009	06/30/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
C		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	AOS	06/30/2009	06/30/2010	E L. EACH ACCIDENT	\$1,000,000
C		If yes, describe under SPECIAL PROVISIONS below	60168869	06/30/2009	06/30/2010	E L. DISEASE-EA EMPLOYEE	\$1,000,000
			MI, MN, NY, WI, WV	06/30/2009	06/30/2010	E L. DISEASE-POLICY LIMIT	\$1,000,000
			60168868				
			OR				
		OTHER					

Certificate No : 570038578844

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

RE: Operations arising out of the performance of Western States Contracting Alliance (WSCA) Contract #1523 on behalf of the State of Nevada and WSCA, and any other Participating entities under the separate Participating Addenda provisions thereto. The State of Colorado and all of its agencies and institutions of higher education

CERTIFICATE HOLDER**CANCELLATION**

State of Colorado
c/o State Purchasing Office
633 17th Street, Suite 1520
Denver CO 80202 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 *Aon Risk Services Northeast, Inc*