

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/24/2009

**PRODUCER**  
Aon Risk Insurance Services West, Inc.  
Seattle WA Office  
1420 Fifth Avenue  
Suite 1200  
Seattle WA 98101-4030 USA

PHONE: (206) 749-4800 FAX: (206) 749-4860

**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.**

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	Fidelity & Guaranty Ins Co	35386
INSURER C:	United States Fidelity & Guaranty Co.	25887
INSURER D:	Fidelity & Guaranty Ins U/w	25879
INSURER E:	Discover Property & Casualty Ins Co	36463

**INSURED**  
T-Mobile USA, Inc.  
its Subsidiaries and Affiliates  
12920 SE 38th Street  
Bellevue WA 98006 USA

**COVERAGE** 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		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability Incl. _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL912557	05/01/09	05/01/10	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						NET EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" 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 _____	CA907165 AOS CA907166 MA	05/01/09	05/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
A				05/01/09	05/01/10	BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$25,000	3323706	05/01/09	05/01/10	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> _____	D003w00359 AOS	05/01/09	05/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
C		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? _____	D003w00362 AZORWI	05/01/09	05/01/10	E.L. EACH ACCIDENT	\$1,000,000
D		If yes, describe under SPECIAL PROVISIONS below _____	D003w00360 HI	05/01/09	05/01/10	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
		<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Site Number: DN03694B. Site Name: State Services Bldg. Site Address: 1525 Sherman Street, Denver, CO 80203. The State of Colorado is an additional insured for General Liability and Automobile Liability solely as respect to operations of the Named Insured at the above location if required by contract. Coverage is primary and

**CERTIFICATE HOLDER**  
 State Services  
 Department of Personnel & Administration, Rod Wolthoff  
 633 17th St., Ste. 1600  
 Denver CO 80202 USA

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 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 Insurance Services West, Inc.*

Holder Identifier: 7 Certificate No.: 570034115053