



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2010

**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.**

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

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

**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	
B		<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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	GL2264628	05/01/2010	05/01/2011	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
B		<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	CA9835798 AOS CA 9835799 MA	05/01/2010	05/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
B				05/01/2010	05/01/2011	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	
B		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION	15972273	05/01/2010	05/01/2011	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	D003w00412 AOS	05/01/2010	05/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
E			D003w00409 AZORWI	05/01/2010	05/01/2011	E.L. EACH ACCIDENT	\$1,000,000
			D003w00410	05/01/2010	05/01/2011	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
D			HI			E.L. DISEASE-POLICY LIMIT	\$1,000,000
		<b>OTHER</b>					

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

The Certificate Holder is an Additional Insured for General Liability solely as respect to operations of the Named Insured if required by contract. The policies certified hereon are Primary to other insurance available to the Certificate Holder, but only to the extent required by written contract with the Insured, and always subject to

**CERTIFICATE HOLDER****CANCELLATION**

State of Colorado  
DPA-DFP-State Purchasing office  
Attn: Jim Walker, CCAS  
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 Insurance Services West, Inc.*

Holder Identifier :

Certificate No : 570040504094



