

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Gaston Willkerson Association Services  
 1200 Riverside Drive Association  
 100 Washington Street Ste 200  
 Reno, NV 89503

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Keith Balsiger (775) 826-1559  
 PO Box 34690  
 6380 Mae Anne Ave Suite 7  
 Reno, NV 89533-4712 (028/801)

**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 listed below.**

COVERAGES					
This is to certify that 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.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY	
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)		
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence	\$ ,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence	\$ ,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence	\$ ,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence Farm Employer's Liability Each Occurrence	\$ ,000 \$ ,000
Workers Compensation and Employers Liability †	27-X14709-90-00	10/1/2009	10/1/2010	Statutory ***** Each Accident Disease - Each Employee Disease - Policy Limit	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	27-X14709-01-00	10/1/2009	10/1/2010	General Aggregate Products - Completed Operations Aggregate Personal and Advertising Injury Each Occurrence Damage to Premises Rented to You Medical Expense (Any One Person)	\$ 4,000,000 \$ 4,000,000 \$ 2,000,000 \$ 2,000,000 \$ 100,000 \$ 5,000
Businessowners Liability				Each Occurrence †† Aggregate ††	\$ ,000 \$ ,000
Liquor Liability				Common Cause Limit Aggregate Limit	\$ ,000 \$ ,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person Bodily Injury - Each Accident Property Damage Bodily Injury and Property Damage Combined	\$ ,000 \$ ,000 \$ ,000 \$ ,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Commercial Liability Umbrella	27-X14709-03-00	10/1/2009	10/1/2010	Each Occurrence/Aggregate	\$ 1,000,000
<b>Other (Miscellaneous Coverages)</b> Building Coverage 27-X14709-01 10/01/09-10/01/10 \$27,081,000 Ded \$2,500.....Hired & Nonowned Auto 27-X14709-01 10/01/09-10/01/10 \$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Crime/Forgery 27-X14709-01 10/01/09-10/01/10 \$100,000 w/\$1,000 Ded					

**CERTIFICATE HOLDER'S NAME AND ADDRESS**  
 • Also listed as Additional Insured:  
 1200 Riverside Drive Association  
 100 Washington Street Ste 200  
 Reno NV 89503

**CANCELLATION**  
 Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail \*( days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. \*10 days unless different number of days shown.  
 This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED: 10/16/2009  
 AUTHORIZED REPRESENTATIVE: *[Signature]*