

Exhibit "E"

Sample Certificate of Insurance, Additional Insured Forms & Item Description Sheet

ACORD®		CERTIFICATE OF INSURANCE			ISSUE DATE (MM/DD/YY)	
PRODUCER		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 LETTER	A			
		COMPANY LETTER	B			
INSURED ITEM #1		COMPANY LETTER	C			
		COMPANY LETTER	D			
		COMPANY LETTER	E			
COVERAGES						
<p>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.</p>						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (IN THOUSANDS)	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. ITEMS 2 <input type="checkbox"/> OWNER'S & CONTRACTORS PROT. LIMITS APPLY PER PROJECT ITEM #3	ITEM #6			GENERAL AGGREGATE	2000000
					PRODUCTS-COMP/OP AFF.	2000000
					PERSONAL & ADV. INJURY	1000000
					EACH OCCURRENCE	1000000
					FIRE DAMAGE (any one fire)	50000
					MED. EXPENSE (any one person)	5000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ITEM#4 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	ITEM #6			COMBINED SINGLE LIMIT	1000000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM ITEM#5	ITEM #6			EACH OCCURRENCE	1000000
					AGGREGATE	100000
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ITEM #6	ITEM #6			<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	100000
					DISEASE-POLICY LIMIT	100000
					DISEASE-EACH EMPLOYEE	500000
	OTHER	ITEM #6				
item #10, Item #11, Item #12, Item #13 and (Item #17 if necessary) DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: _____ PROJECT NAME: _____						
The insurance evidenced by this certificate shall be primary and non-contributory to any other insurance of the certificate holder and shall name certificate holder as an additional insured on the General Liability, Automobile Liability and Excess Liability on endorsement ISO Form B, Form CG20101185. Workers Compensation and Employer's Liability shall contain a waiver of Subrogation in favor of the certificate holder.						
CERTIFICATE HOLDER _____		ADDITIONAL INSURED; INSURER LETTER			CANCELLATION	
ITEMS #7		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 ITEM #9				
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