

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/24/2010

PRODUCER (714) 467-8726
 Professional Choice Insurance Svcs.
 2301 Dupont Dr.
 Suite 430
 Irvine CA 92612-

INSURED
 ATS Document Services, Inc.
 3816 E. 14th Street
 Long Beach CA 90814-

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: Philadelphia Indemnity Co | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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.

| INSR | ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|------|-----------|-------|---|---------------|----------------------------------|-----------------------------------|---|-----------|
| | | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | / / | / / | EACH OCCURRENCE | \$ |
| | | | | | / / | / / | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | / / | / / | MED EXP (Any one person) | \$ |
| | | | | | / / | / / | PERSONAL & ADV INJURY | \$ |
| | | | | | / / | / / | GENERAL AGGREGATE | \$ |
| | | | | | / / | / / | PRODUCTS - COMP/OP AGG | \$ |
| | | | AUTOMOBILE LIABILITY <input 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 _____ | | / / | / / | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | / / | / / | BODILY INJURY (Per person) | \$ |
| | | | | | / / | / / | BODILY INJURY (Per accident) | \$ |
| | | | | | / / | / / | PROPERTY DAMAGE (Per accident) | \$ |
| | | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | / / | / / | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | / / | / / | OTHER THAN EA ACC | \$ |
| | | | | | / / | / / | AUTO ONLY: AGG | \$ |
| | | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | / / | / / | EACH OCCURRENCE | \$ |
| | | | | | / / | / / | AGGREGATE | \$ |
| | | | | | / / | / / | | \$ |
| | | | | | / / | / / | | \$ |
| | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | / / | / / | WC STATUTORY LIMITS | OTH-ER |
| | | | | | / / | / / | E.L. EACH ACCIDENT | \$ |
| | | | | | / / | / / | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | / / | / / | E.L. DISEASE - POLICY LIMIT | \$ |
| A | | | OTHER Errors & Omissions | PHSD560072 | 10/26/2010 | 10/26/2011 | Aggregate Limit | 1,000,000 |
| | | | | | / / | / / | Per Claim Limit | 1,000,000 |
| | | | | | / / | / / | Per Claim Deductible | 2,500 |

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

CERTIFICATE HOLDER

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To All Concerned Parties

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL XXX 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

