



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/08/2010

PRODUCER BUSINESS INSURANCE CONSULTANTS 935 HIGHWAY #34, SUITE 2D MATAWAN, NJ 07747 (732) 290-9300 FAX (732) 290-7505	Serial # 103467	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 INSURER A: LEXINGTON INSURANCE CO. INSURER B: ONEBEACON INSURANCE CO INSURER C: NEW JERSEY MANUFACTURERS INSURER D: OHIO CASUALTY GROUP INSURER E: SCOTSDALE INSURANCE	NAIC#
INSURED IEC, INC. 50 HAMPTON STREET METUCHEN, NJ 08840			

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 POLICES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	PROP 1368823	11/20/09	11/20/10	EACH OCCURRENCE	\$ 5,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 25,000	
		<input checked="" type="checkbox"/> POLLUTION, XCU				PERSONAL & ADV INJURY	\$ 5,000,000	
		<input checked="" type="checkbox"/> TRANSPORTATION				GENERAL AGGREGATE	\$ 5,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 5,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
D		AUTOMOBILE LIABILITY	BAO 52494591	09/09/09	09/09/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		<input checked="" type="checkbox"/> HIRED PHYS DAMAGE						
<input checked="" type="checkbox"/> MCS90								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$	
E		EXCESS/UMBRELLA LIABILITY	2980282 EXCESS AUTOMOBILE LIABILITY	09/09/09	09/09/10	EACH OCCURRENCE	\$ 2,000,000	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
C		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	W21058-3-08 INCLUDING NY	09/09/09	09/09/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT	\$ 1,000,000	
						EL DISEASE - EA EMPLOYEE	\$ 1,000,000	
						EL DISEASE - POLICY LIMIT	\$ 1,000,000	
B		SPECIAL PERILS FORM CONTRACTORS EQUIPMENT	7900045660001	09/09/09	09/09/10	\$350,000 LEASED/RENTED EQUIPMENT		

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

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

