



Certificate of Insurance

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **PAINTING BY RICHARD GALLAGHER, LLC**
 Address of policyholder **PO BOX 283, MADISON, CT. 06443**
 Location of operations **" STATE OF CONNECTICUT "**
 Description of operations **PAINTING OPERATIONS**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	
97-BB-D804-5F	Comprehensive Business Liability	12/09/08	12/09/09	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury		Each Occurrence	\$ 1,000,000.00
				General Aggregate	\$ 2,000,000.00
				Product - Completed Operations Aggregate	\$ 2,000,000.00
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)	
				Each Occurrence	\$
				Aggregate	\$
Policy Number	Type of Insurance	Policy Period		Limits of Liability	
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

TO ALL CLIENTS AND CUSTOMERS

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative



Lauren Osterling, Agent Date 8/24/09
 38 Academy Street
 Madison, CT 06443
 (203) 245-4555
 (203) 245-4730 Fax

Agent's Code Stamp
 Agent Code
 AFO Code