FEB. 5.2004 9:31AM

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) FEB 5 04

PRODUCER
BLACKBURN JONES COMPANY
905 24TH STREET
PO BOX 1479
OGDEN UT 84401
PHONE: 801-392-7516

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.

INSURED
REDI INSULATION, INC
5194 S 300 W
MURRAY UT 84107

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Workers Compensation Fund of Utah | |
| 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.

| INCR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | CLAIMS MADE / OCCUR | | | | MED. EXP (Any One Person) | $ |
| | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | PRODUCTS-COMP/OP AGG. | $ |
| | POLICY / PROJECT / LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | $ |
| | SCHEDULED AUTOS | | | | | |
| | HIRED AUTOS | | | | BODILY INJURY (Per accident) | $ |
| | NON-OWNED AUTOS | | | | | |
| | | | | | PROPERTY DAMAGE | $ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | $ |
| | ANY AUTO | | | | OTHER THAN AUTO ONLY EA ACC | $ |
| | | | | | AGG | $ |
| | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | $ |
| | OCCUR / CLAIMS MADE | | | | AGGREGATE | $ |
| | | | | | | $ |
| | DEDUCTIBLE | | | | | $ |
| | RETENTION $ | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 1478310 | APR 1 03 | APR 1 04 | WC STATUTORY LIMITS / OTHER | |
| A | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT | $ 100,000 |
| | | | | | E.L. DISEASE-EA EMPLOYEE | $ 100,000 |
| | | | | | E.L. DISEASE-POLICY LIMIT | $ 500,000 |
| | OTHER: | | | | | |

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS
RE: IPP OVERFIRE SYSTEM INSTALLATION

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER:

TEI
850 W BRUSA WELLMAN RD
DELTA, UT 84624

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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

Judy Heilman