URBD 31004 Land/Leg
Soil Survey/Sampling CGS
4/90

60008491
60008492
60008493

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 2/20/90 BK

PRODUCER

ALPINE INSURANCE ASSOCIATES
P.O. BOX 3259
RENO, NEVADA 89505

CODE SUB-CODE

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

C.G.S., INC.
1395 GREG STREET
SPARKS, NEVADA 89431

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A — SUPERIOR NATIONAL
COMPANY LETTER B
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

COVERAGES

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS AT INCEPTION DATE OF POLICY	
GENERAL LIABILITY				GENERAL AGGREGATE	$ 1,000,
X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	$ 1,000,
CLAIMS MADE X OCCUR	#CBP 14292	1/19/90	1/19/91	PERSONAL & ADVERTISING INJURY	$ 1,000,
OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1,000,
				FIRE DAMAGE (Any one fire)	$ 50,
				MEDICAL EXPENSE (Any one person)	$ 5,
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$ 1,000,
X ANY AUTO				BODILY INJURY (Per person)	$
ALL OWNED AUTOS	#CBP 14292A	1/19/90	1/19/91	BODILY INJURY (Per accident)	$
SCHEDULED AUTOS				PROPERTY DAMAGE	$
X HIRED AUTOS					
X NON-OWNED AUTOS					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE $	AGGREGATE $
OTHER THAN UMBRELLA FORM					
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
				$ (EACH ACCIDENT)	
				$ (DISEASE—POLICY LIMIT)	
				$ (DISEASE—EACH EMPLOYEE	
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

THIS CERTIFICATE IS PROVIDED TO C.G.S., INC., FOR INFORMATION PURPOSES ONLY & IS NOT ISSUED TO ANY NAMED CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL -0- DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE