

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/7/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		CONTACT Brad Lane					
McLemore I	insurance Agency, Inc.	PHONE (A/C, No. Ext): (918) 743-9868	No): (918) 743-6403				
6965 South	69th East Ave	E-MAIL ADDRESS:					
P.O. Box 7	00420	INSURER(S) AFFOR	NAIC#				
Tulsa	OK 74170	INSURER A : Southern Under	rwriters Ins	10809			
INSURED		INSURER B:					
EMISSIONS	TECHNOLOGY, INC.	INSURER C:					
6703 EAST	27TH STREET	INSURER D :					
		INSURER E :					
TULSA	OK 74129	INSURER F:					
COVERAGES CERTIFICATE NUMBER:CL136703503 REVISION NUMBER:				R:			
THIS IS TO CE	BTIEV THAT THE BOUGES OF INSUBANCE LISTED BELOW HA	VE DEEN ICCUED TO THE INCUES	D MANAGO ADOME CO	D THE BOLLOW BEDIOD			

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.

INSR TYPE OF INSURANCE ADDL SUR POLICY NUMBER POLICY EFF MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY LIMITS									
		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	500,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			5512644	6/13/2013	6/13/2014	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	500,000
							GENERAL AGGREGATE	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
				2			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					*	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

CERTIFICATE HOLDER	CANCELLATION					
To Whom It May Concern	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE					
	John McLemore/BRAD					

ACORD 25 (2010/05)

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