



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/13

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).

|   |              |  |                |
|---|--------------|--|----------------|
| PRODUCER<br>Rubin Insurance Agency Inc.<br>6363 Greenwich Dr, #120<br>CA#0645355 San Diego, CA 92122<br>Michael Rubin | 858-457-5720 | CONTACT NAME:                          |                |
|   | 858-457-5729 | PHONE (A/C, No, Ext):                  | FAX (A/C, No): |
|   |              | E-MAIL ADDRESS:                        |                |
|   |              | INSURER(S) AFFORDING COVERAGE          | NAIC #         |
|   |              | INSURER A : Evanston Insurance Company | 35378          |
|   |              | INSURER B :                            |                |
|   |              | INSURER C :                            |                |
|   |              | INSURER D :                            |                |
|   |              | INSURER E :                            |                |
|   |              | INSURER F :                            |                |

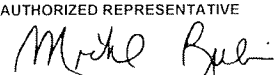
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | SP859777      | 01/20/13                | 01/20/14                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | WC STATU-TORY LIMITS OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Proof of Insurance

CERTIFICATE HOLDER CANCELLATION

|  |  |
|--|--|
| <b>FUEL DIRECT, LLC</b><br>9060 Zachary Lane North Ste104<br>Maple Grove, MN 55369 | 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<br>  |



# CERTIFICATE OF LIABILITY INSURANCE

XPLAB-1

OP ID: FS

DATE (MM/DD/YYYY)

01/16/13

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).

|  |   |  |                |
|--|---|--|----------------|
| <b>PRODUCER</b><br>Rubin Insurance Agency Inc.<br>6363 Greenwich Dr, #120<br>CA#0645355 San Diego, CA 92122<br>Michael Rubin | 858-457-5720<br>858-457-5729                  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS: | FAX (A/C, No): |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>          |  | <b>NAIC #</b>  |
| <b>INSURED</b><br>X P Lab, Inc.<br>946 W Hawthorne St<br>San Diego, CA 92101   | <b>INSURER A : Evanston Insurance Company</b> |  | <b>35378</b>   |
|  | INSURER B :                                   |  |                |
|  | INSURER C :                                   |  |                |
|  | INSURER D :                                   |  |                |
|  | INSURER E :                                   |  |                |
|  | INSURER F :                                   |  |                |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 LTR | TYPE OF INSURANCE  | ADDL INSR   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|----------|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>   |   |          | SP859777      | 01/20/13                | 01/20/14                | EACH OCCURRENCE \$ 1,000,000                         |
|          | <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) \$                          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          | <b>AUTOMOBILE LIABILITY</b>  |   |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|          | <input type="checkbox"/> ANY AUTO  |   |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          | <input type="checkbox"/> ALL OWNED AUTOS   | <input type="checkbox"/> SCHEDULED AUTOS              |          |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS              |          |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <b>UMBRELLA LIAB</b>   |   |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> OCCUR                        |          |               |                         |                         | \$   |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS                               | <input type="checkbox"/> CLAIMS-MADE                  |          |               |                         |                         | EACH OCCURRENCE \$                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |          |               |                         |                         | AGGREGATE \$   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input type="checkbox"/> N |          |               |                         |                         | \$   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |          |               |                         |                         | WC STATU-TORY LIMITS OTHER                           |
|          |  |   |          |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          |  |   |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |  |   |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proof of Insurance

**CERTIFICATE HOLDER****CANCELLATION**

NATURE RICH, INC  
 9060 Zachary Lane North Ste104  
 Maple Grove, MN 55369

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

*Michael Rubin*

© 1988-2010 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/16/13

**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).**

|  |                                  |   |
|--|----------------------------------|---|
| <b>PRODUCER</b><br>Rubin Insurance Agency Inc.<br>6363 Greenwich Dr, #120<br>CA#0645355 San Diego, CA 92122<br>Michael Rubin | 858-457-5720<br><br>858-457-5729 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS:<br>FAX (A/C, No):<br><br>INSURER(S) AFFORDING COVERAGE<br><b>INSURER A: Evanston Insurance Company</b> <b>NAIC # 35378</b><br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br>X P Lab, Inc.<br>946 W Hawthorne St<br>San Diego, CA 92101   |                                  |   |

**COVERAGES    CERTIFICATE NUMBER:    REVISION NUMBER:**

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 LTR  | TYPE OF INSURANCE                   | ADDL INSR                    | SUBR WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|---|-------------------------------------|------------------------------|---|---------------|-------------------------|-------------------------|--|
| A   | GENERAL LIABILITY                   |                              |   | SP859777      | 01/20/13                | 01/20/14                | EACH OCCURRENCE \$ 1,000,000                         |
|   | <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) \$                          |
|   | GEN'L AGGREGATE LIMIT APPLIES PER   |                              |   |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|   | <input type="checkbox"/>            | POLICY                       | <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC      |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|   |                                     |                              |   |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|   |                                     |                              |   |               |                         |                         | \$   |
|   |                                     |                              |   |               |                         |                         | \$   |
| AUTOMOBILE LIABILITY  |                                     |                              |   |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
| <input type="checkbox"/>  | ANY AUTO                            | <input type="checkbox"/>     | SCHEDULED AUTOS   |               |                         |                         | BODILY INJURY (Per person) \$                        |
| <input type="checkbox"/>  | ALL OWNED AUTOS                     | <input type="checkbox"/>     | NON-OWNED AUTOS   |               |                         |                         | BODILY INJURY (Per accident) \$                      |
| <input type="checkbox"/>  | HIRED AUTOS                         | <input type="checkbox"/>     |   |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|   |                                     |                              |   |               |                         |                         | \$   |
| UMBRELLA LIAB   |                                     |                              | <input type="checkbox"/> OCCUR                                      |               |                         |                         | EACH OCCURRENCE \$                                   |
| EXCESS LIAB   |                                     |                              | <input type="checkbox"/> CLAIMS-MADE                                |               |                         |                         | AGGREGATE \$   |
|   |                                     |                              | <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$ |               |                         |                         | \$   |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                                     |                              |   |               |                         |                         | W/C STATUTORY LIMITS                                 |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                                     |                              | <input type="checkbox"/> Y <input type="checkbox"/> N               | N/A           |                         |                         | OTHER  |
| If yes, describe under DESCRIPTION OF OPERATIONS below                      |                                     |                              |   |               |                         |                         | E L EACH ACCIDENT \$                                 |
|   |                                     |                              |   |               |                         |                         | E L DISEASE - EA EMPLOYEE \$                         |
|   |                                     |                              |   |               |                         |                         | E L DISEASE - POLICY LIMIT \$                        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Proof of Insurance.**

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Truck Repair Shop, Inc<br>19630-87th Street, Box 141<br>Bristol, WI 53104 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|