

ACORD CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YY)
 05/16/02

PRODUCER

 Your insurance company name
 and address here.

 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.

COMPANIES AFFORDING COVERAGE

COMPANY A	Name of Insurance Companies
COMPANY B	
COMPANY C	
COMPANY D	

ISSUED

 Your company name and address
 here.

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.

CO LIN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	Policy # 1234567	05/17/02	05/17/03	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROF				PRODUCTS - COMM/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Max one fire) \$ 50,000 MED EXP (Max one person) \$ 5,000
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODY INJURY Per person \$ BODY INJURY Per accident \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - SA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO-ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	<input type="checkbox"/> MC BRUSH <input type="checkbox"/> TORT LIMITS <input type="checkbox"/> PER <input type="checkbox"/> \$
	THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> IND. <input type="checkbox"/> SOCL.				EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - SA EMPLOYEE \$
	OTHER	Rented Equipment - Replacement Cost			Policy # 1234567

DESCRIPTION OF OPERATIONS/LOCATION/SPECIAL ITEMS

 Certificate holder is included as Loss Payee on the property policy and as
 Additional Insured on the General Liability policy for rental equipment.

CERTIFICATE HOLDER

 Advanced Multimedia, Inc
 416 Frandor Ave, Ste 100
 Lansing, MI 48912

CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENVOY TO MAIL,
 ___ 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

