AMBITEC-01

ZGONZALEZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/16/2013

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.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

| - | certificate holder in lieu of such endors | seme | nt(s) | • | CONTA | CT | | intext | -45 | | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|----------------|-----------|------------|--|
| PRODUCER Collinsworth, Alter, Fowler & French, LLC | | | | | | CONTACT Zoraida Gonzalez | | | | | | |
| 800 | 00 Governors Square Blvd | | PHONE (AC, No, Ext): (305) 822-7800 | | | | (A/C, No): | (305) | 362-2443 | | | |
| Su | uite 301 ami Lakes, FL 33016 | | | | E-MAIL ADDRESS: zgonzalez@caffilc.com | | | | | | | |
| | ann Lakes, 1 L ood 10 | | | | | INSURER A : Admiral Insurance Co | | | | | NAIC# | |
| | | | | | | RA: Admira | Insurance | Co | | | 24856 | |
| INSURED | | | | | | INSURER B: | | | | | | |
| | Ambient Technologies, Inc. | | | | RC: | | | | | | | |
| | 4610 Central Avenue | | | | INSURE | RD: | | | | | | |
| | St. Petersburg, FL 33711 | | | | INSURE | RE: | | | | | | |
| | 7 (67) | | | | INSURER F: | | | | | | | |
| - | | | | NUMBER: | REVISION NUMBER: | | | | | | | |
| 1 | THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PER POLI | REMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | ON OF A | ANY CONTRAC Y THE POLICI REDUCED BY | CT OR OTHER ES DESCRIB PAID CLAIMS | R DOCUMENT WI | TH RESPE | CT TO | WHICH THIS | |
| INS | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | | |
| | GENERAL LIABILITY | | | | | 1/12/2013 | 1/12/2014 | EACH OCCURREN | CE | \$ | 2,000,000 | |
| Α | X COMMERCIAL GENERAL LIABILITY | | X | | | | | DAMAGE TO RENT PREMISES (Ea occ | ED urrence) | \$ | 50,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | MED EXP (Any one | | \$ | 5,000 | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | 2,000,000 | |
| | | | | | | | | GENERAL AGGRE | GATE | \$ | 4,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | s s | 4,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | s | | |
| | ANY AUTO | | | | | | | BODILY INJURY (P | | | | |
| | ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | | \$ | | |
| | | | | | | | | | | \$ | | |
| | HIRED AUTOS AUTOS | | | | | | | (Per accident) | *** | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | CE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | 5 | | |
| | DED RETENTION\$ | | | | | | | | | \$ | | |
| | WORKERS COMPENSATION | 0 | | | 4 | | | WC STATU- TORY LIMITS | OTH- ER | | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | 20 00 02 | | | | | | E.L. EACH ACCIDE | | s | 11000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA | | | | |
| A | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | 1/12/2013 | | E.L. DISEASE - PO | | - | | |
| | | | | FEIECC1231700 | | | 1/12/2014 | Each Claim | | | 2,000,000 | |
| A | | | | FEIECC1231700 | | 1/12/2013 | 1/12/2014 | Annual Aggregate | | 4,000,000 | | |
| Ger 01/ | ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC eneral, Professional and Pollution Liability /01/1993. Professional Liability deductible hbient Technologies; Geoview,Inc., and A | y limi | ts are 5,000 | e shared. Professional Lia Each Claim. Pollution Li | ability is | on a claims-r | nade basis. F | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | | |
| "SPECIMEN" For use as sample only | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | AUTHO | MA Z | | | | | | |