



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas , or
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| NAMED INSURED: Surfacesolve Floor Care | | | | | | | |
| ADDRESS OF NAMED INSURED: 4322 Faircourt Dr, Valrico FL 33594 | | | | | | | |
| POLICY NUMBER | 444-6124-D26-59 | | | | | | |
| EFFECTIVE DATE OF POLICY | 04/26/2007 | | | | | | |
| DESCRIPTION OF VEHICLE (Including VIN) | 2006 UD 1400 Box Truck vin: JNAUZ51J06A451057 | | | | | | |
| LIABILITY COVERAGE | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LIMITS OF LIABILITY | 1,000,000 CBS | | | | | | |
| a. Bodily Injury | | | | | | | |
| Each Person | | | | | | | |
| Each Accident | | | | | | | |
| b. Property Damage | | | | | | | |
| Each Accident | | | | | | | |
| c. Bodily Injury & Property Damage | | | | | | | |
| Single Limit | | | | | | | |
| Each Accident | | | | | | | |
| PHYSICAL DAMAGE COVERAGES | | | | | | | |
| a. Comprehensive | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ 2000 | Deductible | \$ | Deductible | \$ | Deductible | \$ |
| b. Collision | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ 2000 | Deductible | \$ | Deductible | \$ | Deductible | \$ |
| EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HIRED CAR LIABILITY COVERAGE | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Agent 1226/F611 5/11/2007

Signature of Authorized Representative Title Agent's Code Number Date

Name and Address of Certificate Holder

Name and Address of Agent

Thomas H. Miller, Agent
 PO Box 1487
 Brandon, FL 33509-1487
 813-685-0841