



Certificate of Insurance

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **SUDO ROOM**
 Address of policyholder **359 Bellevue Ave Oakland, CA 94610-3433**
 Location of operations **2141 Broadway Oakland, CA 94612-2309**
 Description of operations **Business**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
		Effective Date	Expiration Date		
97-CC-K9303-3	Comprehensive Business Liability	02/28/2014	02/28/15	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	\$ 1,000,000.00
<input type="checkbox"/> Products - Completed Operations				General Aggregate	\$ 2,000,000.00
<input type="checkbox"/> Contractual Liability				Product - Completed Operations Aggregate	\$ 2,000,000.00
<input type="checkbox"/> Personal Injury					
<input type="checkbox"/> Advertising Injury					
<input checked="" type="checkbox"/> Business Personal Property : 5,000.00					
<input checked="" type="checkbox"/> Deductible \$1000.00					

Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
		Effective Date	Expiration Date		
	<input type="checkbox"/> Umbrella			Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
		Effective Date	Expiration Date		
	Workers' Compensation and Employers Liability			Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$

Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

Landlord:
Laurie Cooperman-Rosen & Geroge Rosen
2145 Broadway Oakland, CA 94607
Building: 2135-2141 Broadway Oakland, CA 94607

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Margaret H. Wright
 Signature of Authorized Representative
AGENT 02/28/14
 Title Date
KELLY S. WRIGHT
 Agent Name
 Telephone Number **(510) 488-3505**

Agent's Code Stamp **K. Wright** 05-0041
 Agent Code
 AFO Code **FIRE 57**
East Bay AFO 02-F166