

Dear Wiedmann Bros Vendor:

In order to fulfill the indemnification obligations under Section 8 of the Terms and Conditions of the Wiedmann Bros Purchase Order, please note the following:

WIEDMANN BROS VENDOR MINIMUM INSURANCE REQUIREMENTS

Vendor agrees to maintain, in full force and effect, at least the following type and amount of insurance for claims which may arise out of, or in connection with the contract and/or merchandise furnished:

Commercial General Liability Insurance including Contractual and Products Liability, on an occurrence basis, with limits of at least \$1,000,000 per occurrence and in the aggregate, and named Wiedmann Bros as Additional Insured – Vendor.

Vendor will provide Wiedmann Bros with a certificate evidencing the required insurance and Additional Insured Vendor Endorsement.

By requiring insurance herein, Wiedmann Bros does not represent that coverage and limits will be adequate to protect Vendor. Additionally, such coverage and limits shall not be deemed as a limitation on Vendor's liability under the indemnities granted to Wiedmann Bros in the Purchase Order.

Please provide your insurance agent or broker with a copy of this letter and the attached sample certificate. Ask them to send the original ACORD Certificate of Liability Insurance to:

**Wiedmann Bros.
ATTN: Risk Management
7411 Laurel Canyon Blvd., Unit 3
North Hollywood, CA 91605**

Sincerely,

Matt Wiedmann
CEO/President
Phone: 623-934-8973
Fax: 818-505-3519
E-mail: matt@wiedmannbros.com

ACORD TM		CERTIFICATE OF LIABILITY INSURANCE		Date (MM/DD/YY) Issue Date	
PRODUCER Insurance Agent/Broker Address Phone (xxx)xxx-xxx INSURED Your Name/Business Name Your Address Your City & State, ZIP				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.	
				INSURERS AFFORDING COVERAGE	
				NAIC #	
INSURER A:				Your Insurance Company	
INSURER B:					
INSURER C:					
INSURER D:					
INSURER E:					

COVERAGES

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 OF THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN HAVE BEEN REDUCED Y PAID CLAIMS.

INSR LTR	ADD'L INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	Your Policy No.	Date	Date	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
						PERSON & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS-COMP/OPP AGG	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY	Your Policy No.	Date	Date	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY	Your Policy No.	Date	Date	AUTO ONLY – EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS BELOW				E.L. DISEASE – EA EMPLOYEE	\$
						E.L. DISEASE – POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Wiedmann Bros, Distributing Co
3940 Laurel Canyon Blvd
Suite 1457
North Hollywood, CA 91604

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAKE __10__ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE