

CERTIFICATE OF LIABILITY INSURANCE

OP ID: DF DATE (MM/DD/YYYY)

04/04/12

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.

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorsei	nent. A stat	tement on th	is certificate does not c	onfer	rights to the	
	DUCER		(5)	•	CONTAC NAME:	т					
				100	PHONE (A/C, No	, Ext):		FAX (A/C, No):			
						E-MAIL ADDRESS:					
		100	1	11	PRODUC	CER MER ID #:					
						INSURER(S) AFFORDING COVERAGE					
INSURED					INSURER A:						
					INSURER B:						
					INSURE	RC:					
	-				INSURE	RD:					
					INSURER E :						
					INSURE	RF:					
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY	IIIOIC	WVD.				,	EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY	Х	Х					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS							BODILY INJURY (Per accident)			
	SCHEDULED AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS							(Per accident)	\$		
	NON-OWNED AUTOS								\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DEDUCTIBLE								\$		
	RETENTION \$ WORKERS COMPENSATION							V WCSTATU- OTH-	\$		
_	AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS OTH- ER		F00 000	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Х					E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	300,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (6	ttach	ACORD 101 Additional Remarks	Schedule	if more enace is	required)				
insuı	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL okee Nation Businesses, L.L.C. named as a red. In addition a waiver of subrogation in fa cancellation clause will also apply in their fa	avor o									
	PTIEICATE UOI DEP				CANC	ELLATION					
Cherokee Nation Businesses L.L.C. (and applicable Subsidiaries) Attn: Risk Management Department 777 West Cherokee St Catoosa, OK 74015						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Cat008a, ON 74015				AUTHOR	RIZED REPRESE	NIAIIVE				