

Certificate of Insurance

THIS CERTIFICATE 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.

PRODUCER		COMPANIES AFFORDING COVERAGE				
Marsh USA Inc. One State Street Hartford, CT 06103		Company Letter A - ACE AMERICAN INSURANCE COMPANY				
		Company Letter				
		Company- Letter				
INSURED		DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS				
Aetna Inc. and its Affiliated Companies 151 Farmington Avenue Hartford, CT 06156		Evidence of Aetna's General Liability insurance coverage.				
THIS IS TO CERTIFY THAT 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 THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.						
COM LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS	
A	COMMERCIAL GENERAL LIABILITY	HDOG2056072-1	04/01/11	04/01/12	GENERAL AGGREGATE	\$3,000,000
	<input checked="" type="checkbox"/> COMPREHENSIVE				PRODUCTS-COMP/OP AGG.	\$3,000,000
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS				PERSONAL & ADV. INJURY	\$1,000,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CONTRACTUAL				FIRE DAMAGE (Any one fire)	\$500,000
	<input type="checkbox"/> OTHER				MED.EXP. (Any one person)	\$10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (PER ACCIDENT) (PER PERSON)	
	<input type="checkbox"/> ANY AUTO				MED PAY	
	<input type="checkbox"/> AUTO MEDICAL PAYMENTS					
	<input type="checkbox"/> OTHER					
	EXCESS LIABILITY (UMBRELLA)				EACH OCCURRENCE	
	<input type="checkbox"/>				AGGREGATE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	
					EL DISEASE-POLICY LIMIT	
					EL DISEASE-EACH EMPLOYEE	
	OTHER (Describe)					
CERTIFICATE HOLDER		CANCELLATION				
EVIDENCE OF INSURANCE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		AUTHORIZED REPRESENTATIVE				
						