

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2013

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Moreton &amp; Company - Idaho</b> <b>P.O. Box 191030</b> <b>Boise, ID 83719</b> <b>208 321-9300</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 208 321-9300</b> <b>FAX (A/C, No): 208-321-0101</b> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td><b>Cincinnati Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER B :</td> <td><b>Employers Compensation Insuranc</b></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	<b>Cincinnati Insurance Company</b>		INSURER B :	<b>Employers Compensation Insuranc</b>		INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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<b>INSURED</b> <b>Pioneer 1031 Company</b> <b>1414 W. Bannock</b> <b>Boise, ID 83702</b>																						

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			CPP0832097	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			CPP0832097	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED		RETENTION \$					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EIG1066529	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Crime 50,000 Ded. Property 1000 Ded Property 1000 Ded			CPP0832097	01/01/2013	01/01/2014	\$ 1,000,000 Crime \$ 13,190,500 Buildings \$ 2,853,750 Contents		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Miscellaneous Coverage - Crime - Pol.# CPP0832097  
Commercial Crime- \$1,000,000 Employee Dishonesty Limit #1: \$1,000,000; Ded. #1 \$50,000.

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>Idaho Department of Finance</b> <b>800 Park Blvd</b> <b>Ste. 200</b> <b>Boise, ID 83712</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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ACORD™

Client#: 210509

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/16/2013

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.

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PRODUCER: Hub Int'l. Mountain States Ltd, Po Box 5815, 2600 Rose Hill, Suite #101, Boise, ID 83705. CONTACT NAME: Lindsay Randall, PHONE: 208-433-1000, FAX: 208-433-1151, E-MAIL ADDRESS: lindsay.randall@hubinternational.com. INSURER(S) AFFORDING COVERAGE: INSURER A: RSUI Indemnity Company, INSURER B: Starr Surplus Lines Insurance C, INSURER C: , INSURER D: , INSURER E: , INSURER F: . NAIC #: 22314.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY (COMMERCIAL GENERAL LIABILITY, CLAIMS-MADE, OCCUR), AUTOMOBILE LIABILITY (ANY AUTO, ALL OWNED AUTOS, HIRED AUTOS, SCHEDULED AUTOS, NON-OWNED AUTOS), UMBRELLA LIAB (EXCESS LIAB, CLAIMS-MADE, OCCUR), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?), and Prof Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Network Security and Privacy Liability: \$1,000,000 Limit, \$25,000 SIR. Sublimit for Regulatory Defense: \$100,000. Class action retention is 2 times the E&O retention. Retro date: 4/15/2013.

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: Pioneer 1031 Company. 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. AUTHORIZED REPRESENTATIVE: [Signature]