								STARIIN-01		
A	CORD	CERTIF	FIC	ATE OF LIA	BIL	ITY IN	ISURA	NCE	DATE (MM/DD/YYYY) 11/8/2013	
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).										
PRO	DUCER				NAME:					
Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382						PHONE (A/C, No, Ext): (781) 447-5531 FAX (A/C, No): (781) 447-7230 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
						INSURER A : Federal Insurance Company 20281				
INSURED						INSURER B :				
Starburst I, Inc.						INSURER C :				
	Two Circle Star San Carlos, CA									
					INSURER E :					
со	VERAGES	CERTIFI	CATE	E NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT 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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
	ADDL/SUBR POLICY NUMBER POLICY EFF POLICY EFF POLICY EXP LIMITS INSR/WVD POLICY NUMBER (MWDD/YYYY) LIMITS							S		
A	GENERAL LIABILITY X COMMERCIAL GENERAL L			36015527		5/24/2013	5/24/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 2,000,000	
		OCCUR						MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$	
A	AUTOMOBILE LIABILITY	LOC		73580543		5/24/2013	5/24/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000,000	
	AUTOS AL	CHEDULED JTOS DN-OWNED JTOS				0/2 //2010	0/2 //2011	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
A	X UMBRELLA LIAB X EXCESS LIAB	OCCUR CLAIMS-MADE		79890060		5/24/2013	5/24/2014	EACH OCCURRENCE AGGREGATE	\$ 4,000,000 \$	
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N ANY PROPRIETOR/PARTINER/EXECUTIVE		71745548	5/24/2013		5/24/2014	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT	\$\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	1 000 000	
	If yes, describe under DESCRIPTION OF OPERATIONS	S below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
lt is	agreed and understood that	at the County of S	an Ma	ACORD 101, Additional Remarks 5 ateo, as Owner, and Orcha act per the terms and cond	rd Com	merical, Inc.	as Managing	Agent are included as ad	lditional insureds as	
	RTIFICATE HOLDER				CANC	CANCELLATION				
County of San Mateo c/o Orchard Commercial, Inc. as Managing Agent 2055 Laurelwood Road, Suite 130 Santa Clara, CA 95054						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
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