

## **CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)** 01/18/2013

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)

certificate holder in lieu of such endorsement(s).												
PRODUCER MADELLUCA INC.						CONTACT NAME:						
MARSH USA INC. 1225 17TH STREET, SUITE 2100						PHONE   FAX (A/C, No, Ext): (A/C, No):						
DENVER, CO 80202-5534						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
4627382013						INSURER A : Markel Insurance Company				38970		
INSURED						INSURER B: Commerce And Industry Ins Co				19410		
Vivint Solar, Inc.												
Vivint Solar Developer LLC 4931 N 300 West						INSURER C:						
Provo, UT 84604						INSURER D:						
						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:							-002368671-02		REVISION NUMBER: 2			
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.											, , , , , , , , , , , , , , , , , , , ,	
INSR LTR	NSR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	GENERAL LIABILITY			1110	3C20588		01/01/2013	01/01/2014	EACH OCCURRENCE	\$	1,000,000	
	X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	50,000	
									PREMISES (Ea occurrence)		5,000	
		CLAIMS-MADE _ ^ OCCUR							MED EXP (Any one person)	\$	1.000.000	
									PERSONAL & ADV INJURY	\$		
		J							GENERAL AGGREGATE	\$	2,000,000	
	_	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	Х	POLICY PRO- JECT LOC							COMPINED CINICIE LIMIT	\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
		1							, , , , , , , , , , , , , , , , , , , ,	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
			1						AGGILLOATE	\$		
	wo	DED   RETENTION \$ RKERS COMPENSATION							X WC STATU- X OTH-	ų.		
В		AND EMPLOYERS' LIABILITY Y / N			66454896		01/14/2013	11/01/2013	TORY LIMITS ER	_	1,000,000	
OFFICER/MEMBE		Y PROPRIETOR/PARTNER/EXECUTIVE N	N/A				0111112010		E.L. EACH ACCIDENT	\$	1,000,000	
	If ve	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
ı		TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)				
		se 973756	les es establis		-ttill	4 . 10/-1	f Ch th t-				an and I tak Was and	
CA CSLB is included as additional insured where required by written contract with respect to General Liability. Waiver of Subrogation is applicable where required by written contract as respects General Liability and Workers' Compensation. General Liability is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract.												
Transfer Some station. Some a Elabority is printery and non-continuously over any existing insurance and inflice to liability ansing out of the operations of the finance insured and writer required by written continuous.												
	PTIE	FICATE HOLDER				CANCELLATION						
	KIII	TOATE HOLDER				CAN	CANCELLATION					
CA CSLB							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
9821 Business Park Drive						THE	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Sacramento, CA 95827							ACCORDANCE WITH THE POLICY PROVISIONS.					
							AUTHORIZED REPRESENTATIVE					
							AUTHORIZED REPRESENTATIVE					

Kathleen M. Parslac