

ACKNOWLEDGEMENT OF REQUEST FOR LIABILITY INSURANCE

We have received your order requesting your errors and omissions insurance policy. Thank you for your business! We have requested coverage pursuant to the terms and conditions listed below. This is simply an acknowledgement for your records that we have received your order and requested coverage. WHEN THE INSURANCE COMPANY SENDS US THE POLICY WE WILL FORWARD IT TO YOU.

This acknowledgement does not alter or amend the policy that will be issued by the insurance company. Only the policy can provide the actual terms and conditions. Coverage has been requested for:

INSURED NAME AND ADDRESS:

Kroepel & Associates Inc
Kroepel & Associates Inc
205 N. Division
PO Box 87
Hesperia, MI 49421

Principals, Agents, Independent Contractors and Employees both past and present are considered insureds under this policy. This policy will only cover transactions and business done on or behalf of the named insured.

INSURANCE CARRIER:	CNA Insurance Company	#103001
TYPE OF COVERAGE:	ERRORS AND OMISSIONS	
POLICY NUMBER:	RNP24986926710	
POLICY PERIOD:	8/25/2010 to 8/25/2011	
RETROACTIVE DATE:	8/25/1999	
LIMITS:	\$1,000,000.00PER CLAIM	
	\$1,000,000.00AGGREGATE	
DEDUCTIBLE:	\$2,500.00	

THIS IS NOT A CERTIFICATE OF INSURANCE ONLY AN ACKNOWLEDGEMENT THAT WE HAVE REQUESTED YOUR INSURANCE. MANY TIMES YOUR FIRM'S VENDORS OR PARTNERS WILL REQUIRE PROOF OF INSURANCE. IF YOU NEED A CERTIFICATE OF INSURANCE, PLEASE COMPLETE THE ATTACHED REQUEST AND WILL OBTAIN ONE FOR YOU. IF YOU HAVE ANY QUESTIONS ABOUT THIS ACKNOWLEDGEMENT PLEASE CALL OUR OFFICE AT 866-443-4309.

Thank you for your business!

Sincerely,

James Candler
james.candler@onlinehsa.com
Toll Free (866)443-4309
Fax (866)443-4310

August 12, 2010



LET US KEEP IN CONTACT WITH YOU ELECTRONICALLY VIA EMAIL

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(FAX BACK TO US AT 866-443-4310 OR EMAIL US AT INSURANCE@ONLINEHSA.COM)