



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2009

PRODUCER (801)325-5000 FAX: (801)532-2804
 Diversified Insurance Group
 136 E. South Temple Street
 Suite 2300
 Salt Lake City UT 84111

INSURED
 Ferox, LLC.
 P O Box 2150
 Orem UT 84059

THIS CERTIFICATE IS 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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Evanston Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	SP844887	11/14/2009	11/14/2010	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
	<input checked="" type="checkbox"/> World-Wide Coverage				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The Certificate Holder is added as an additional insured to this policy.

CERTIFICATE HOLDER

FEROX Racing, S de R.L. de C.V. Puerto Pe
 Sonora Paseo de las Palmas S/N
 Interior Casa Club
 Col. Costa Diamante
 Puerto Penasco, Son. C.P.83550

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Bev Vuinovic/BV

Beverly M. Vuinovic



INSURANCE BINDER

REFERENCE NO. 9935376A

DATE ISSUED: November 16, 2009

PRODUCER: Bev Vuinovic
Diversified Insurance Group
136 E. South Temple #2300136 E. South Temple #2300
Salt Lake City, UT 84111

Tel: (801) 325-5022 Fax: (801) 532-2804

FIRST NAMED INSURED: Ferox, LLC
P. O. Box 2150
Orem, UT 84059

INSURER: Evanston Insurance Co.
A.M. Best's Rating: A,XIII,Non-Admitted

COVERAGE: General Liability (Including Products)Insurance

POLICY TERM: 11/14/2009To 11/14/2010

BINDER PERIOD: 11/14/2009To 1/14/2010

POLICY NUMBER: SP-844887

LIMITS OF LIABILITY: Coverage A; Bodily Injury and Property Damage Liability
\$1,000,000 Each Occurrence Coverage A
Coverage B: Personal Injury and Advertising Injury Liability
\$1,000,000 Each Person/Org Coverage B
\$2,000,000 Policy Aggregate

RETENTION: \$2,500 Deductible Each Occurrence/Each Person or Org.

TERMS: See attached endorsement forms list

RATE: Projected Gross Receipts (world-wide) \$650,000
Rated at 11.04

CONDITIONS: Flat cancellation of the policy following the effective date will not be permitted.
Policy fees are fully earned.
Binder premium equal to 25% of the deposit premium is fully earned.
Annual minimum premium is equal to deposit premium.

RETROACTIVE DATE November 14, 2006