

CERTIFICATE

Workers' Compensation Coverage

Nevada Transportation Network SIG

575 S. Saliman Road, Carson City, NV 89701-5000

Phone: (775) 887-2480 Fax: (775) 887-2481

ITEM 1. NAME AND ADDRESS OF MEMBER COMPANY



H2O Environmental Inc
Unit A
4035 Flossmoor St
Las Vegas NV 89115-2348

Policy No: NTN5058-2009-09
H2O Environmental Inc

ITEM 2. LIMITS OF SELF INSURED RESPONSIBILITY

WORKERS' COMPENSATION	STATUTORY
EMPLOYERS LIABILITY	\$1,000,000/\$1,000,000/\$1,000,000

ITEM 3. MEMBER PARTICIPATION INFORMATION

GROUP CERTIFICATION NUMBER: 5001

Pursuant to Nevada Revised Statutes 616.3791, 616.37915, and 616.3792 and the Nevada Administration Code. The Nevada Transportation Network Self Insured Group has presented evidence they possess the financial and administrative resources to assume the responsibility for providing prompt payment of all compensation due under Chapters 616 and 617 of the Nevada Revised Statutes, and has been granted the above numbered Certificate, granting it authority to act as an Association of Self Insured Public Employers for Workers Compensation Purposes.

MEMBER NUMBER:	MEMBER'S ANNUAL TERM
NTN5058	12:01 AM on 01/01/2009 to 12:01 AM on 01/01/2010

The above member has presented evidence that it has the financial and administrative resources to participate as a member of the Nevada Transportation Network Self Insured Group. The member has been authorized by the Trustees of that Association and the Nevada Insurance Division to participate in the Nevada Transportation Network Self Insured Group, so long as it continues to abide by the Bylaws of the Association and the applicable provisions of Chapters 616 and 617 of the Nevada Revised Statutes.

ITEM 4. PREMIUM ASSESSMENT INFORMATION

The premium assessment for this certificate will be determined by the rates, classifications, and rules utilized by the Nevada Transportation Network Self Insured Group as revised from time to time and as filed with and approved by the Nevada Insurance Division.

Dated At: Carson City, Nevada
This Thursday, January 1, 2009

Authorized Representative
Nevada Transportation Network Self Insured Group

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
4/14/2009

PRODUCER
8
7. O. Box 17217
Xeno, NV 89511
775-853-4338

INSURED
JURS, LLC dba H2O Environmental Inc.
John Bradley
4035 Flossmoor St.
Las Vegas, NV 89115
702-396-4148/775-351-2237

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: Greenwich Insurance Company	
INSURER B: Great American	
INSURER C: XL Insurance America, Inc.	
INSURER D: Travelers Property Casualty	
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
C	X	GENERAL LIABILITY	GEC001396606 PEC001396706	4/11/2009 4/11/09	4/11/2010 4/11/10	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				ME EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/> Pollution/Prof				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
						Poll/Prof. 5,000,000
A		AUTOMOBILE LIABILITY	AEC001396406	4/11/09	4/11/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANYAUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANYAUTO				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
A		EXCESS/UMBRELLA LIABILITY	UEC001396506	4/11/09	4/11/10	EACH OCCURRENCE \$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$ 4,000,000
		DEDUCTIBLE				\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6KUB0293M43708 (IDAHO ONLY)	10/4/2008	10/4/2009	WC STATUS: <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		Property	MAC749182702	4/11/09	4/11/10	Rented/Leased Eqmt. Limit \$400,000 Deductible \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Evidence of Insurance.

CERTIFICATE HOLDER

Insureds Copy

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: *Laura Shalman*