Page; 2/5 Date: 3/3/2010 9:30:47 AM

	ĄC	CERTIFIC	CATE OF LIAB			·		DATE (MM/DD/YYYY 03/03/2010		
P	RODUC	ER Marsh USA Inc. 175 Sullys Trail Suite 301 Pittsford, NY 14534	. ,		ONLY AND HOLDER. T	CONFERS NO HIS CERTIFICA	SUED AS A MATTER OF RIGHTS UPON THE TODES NOT AMERICAN FORDED BY THE POLI	IE CERTIFICATE ND, EXTEND OR		
P	PAETE -ALL-GLWC-09-10 145 RR NSURED PAETEC HOLDING CORP. & ALL SUBSIDIARIES INCLUDES US LEC COMPANIES & PAETEC COMMUNICATIONS INC., ALLWORX & MCLEOD USA 600 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450			INSU	IRERS AFFO	NAIC #				
IN.					ER A: Hartford					
					ER B: Hartford	37478				
				INSUR	INSURER C: Twin City Insurance Co.					
Ì				INSUR	INSURER D:					
L				INSUR	ERE:		***************************************			
	THE NOT MAY COM	AGES POLICIES OF INSURANCE LISTED WITHSTANDING ANY REQUIREMENT BE ISSUED OR MAY PERTAIN, THE INDITIONS OF SUCH POLICIES. AGGRE	, TERM OR CONDITION OF ANY INSURANCE AFFORDED BY THE	CONTRAC POLICIES BEEN REI	T OR OTHER DESCRIBED I DUCED BY PAI	DOCUMENT WITH IEREIN IS SUBJEC D CLAIMS,	I RESPECT TO WHICH T	HIS CERTIFICATE		
LTI	R ADD	D ITPE OF INSURANCE	POLICY NUMBER		OLICY EFFECTIVE TE (MINIOUVYYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		ាន 		
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	10UENTS7689	1	0/01/2009	10/01/2010	DAMAGE TO RENTED	\$ 1,000,000 \$ 300,000		
		CLAIMS MADE X OCCUR					PREMISES(Ea occurrence) MED EXP (Any one person)	\$ 10,000		
		ODAMS MADE 1- 00001					PERSONAL & ADV INJURY	\$ 1,000,000		
		GENERAL ACCRECATE LIMIT APPLIES SE		İ			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 3\$ 2,000,000		
L		GENERAL AGGREGATE LIMIT APPLIES PER PRO- LOC LOC					PRODUCTS - COMPJOP AG	2,000,000		
		ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$		
		ALL OWNED AUTOS SCHEDULED AUTOS					(Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$		
ŀ		- NOTO MILES AND ISS					PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	<u> </u>		
		ANYAUTO			:		OTHER THAN EA ACC AUTO ONLY: AGG	\$ \$		
	<u> </u>	EXCESS / UMBRELLA LIABILITY					EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE					AGGREGATE	\$		
		DEDUCTIBLE						\$ \$		
		RETENTION \$						s		
B		KERS COMPENSATION AND OYERS' LIABILITY	01 WN R21600 01 WBR R21601		08/15/2009 08/15/2009	08/15/2010 08/15/2010	X WC STATU- OTH-	\$ 1,000,000		
		PROPRIETOR/PARTNER/EXECUTIVE Y/N DER/MEMBER EXCLUDED?	TO THE TOO				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE			
	(Mand	istory in NH) if yes, describe under					E.L. DISEASE - POLICY LIMIT			
pt per	ОТНЕ	R	SEWI HOUSIG ANNER DV FAMOR AN	ENTION A	AI DONNOLANIA					
AD VO TH SIN	DITIO	ION OF OPERATIONS/LOCATIONS/VEHICLES PNAL INSURED, GENERAL LIABILI EERS, ALL BOARDS, COMMISSIO PF. THIS COVERAGE SHALL BE PF. PROTECTION AVAILABLE TO THI S.	TY: THE CITY OF ROCHESTE INS AND/OR AUTHORITIES AN RIMARY TO THE ADDITIONAL	R HILLS, ND BOAR INSURF	ALL ELECTED MEMBERS	, INCLUDING EN CONTRIBUTING	IPLOYEES AND VOLU WITH ANY OTHER INS	NTEERS SURANCE OR		
CE	RTIF	CATE HOLDER NYC-	003490546-12	CAN	ICELLATION					
	CITY OF ROCHESTER HILLS 1000 ROCHESTER HILLS DR. ROCHESTER HILLS, MI 48309-3033				SHOULD ANY OF THE ABOVE DESCRIBED POLICES 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.					
					authorizen gepresentative of March USA Inc. Annette M. Smith					

From: FAXmaker To: 12486564758 Page: 4/5 Date: 3/3/2010 9:30:48 AM

ACORD"

DATE (MM/DD/YYYY)

A		/K	CER CER	TIFICATE OF LI	A	BILITY	INSURA	INCE	5	9/30/2009
			(585) 546-3747 FAX:			THIS CER	TIFICATE IS ISS	SUED AS A MATTER (OF I	INFORMATION
			lagara Risk Manager	ment, Inc	,	HOLDER.	THIS CERTIFICA	ATE DOES NOT AME	END	EXTEND OR
			al View Boulevard		1	ALTER TH	E COVERAGE	AFFORDED BY THE P	OL	ICIES BELOW.
Suite 100 Rochester NY 14623						INSURERS AFFORDING COVERAGE				NAIC#
	JRED			RP. & ALL SUBSIDIARIES		INSURER A: Wausau Underwriters Ins.Co				26042
			NG PARTEC COMMUNICA		,	INSURER B:			\dashv	
		•	ALLWORX & MCLEODUS		1	INSURER C:				
			lowbrook Office Par NY 14		1	INSURER D:				<u> </u>
	irpo			1430		INSURER E:		<u></u>		
TI A M P	NY RE AY PE OLICIE	DLICI EQUI ERTA ES. A	IES OF INSURANCE LISTED BEI IREMENT, TERM OR CONDITION AIN THE INSURANCE AFFORD	LOW HAVE BEEN ISSUED TO THE IN ION OF ANY CONTRACT OR OTHER DED BY THE POLICIES DESCRIBED I MAY HAVE BEEN REDUCED BY PAID	HER D CL	DOCUMENT WIT REIN IS SUBJEC .AIMS.	TH RESPECT TO WI	/HICH THIS CERTIFICATE RMS, EXCLUSIONS AND C	NIA'	Y BE ISSUED OR
INSR LTR	ADD'L NSRD		TYPE OF INSURANCE	POLICYNUMBER	L PO	TE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		··	
		GEN	NERAL LIABILITY 1			l		EACH OCCURRENCE DAMAGE TO RENTED	\$	
			COMMERCIAL GENERAL LIABILITY	· 1			I	PREMISES (Ea occurrence)	\$	
		 	CLAIMS MADE OCCUR				1 1	MED EXP (Any one person)	\$	
	1 1	$\vdash \vdash$. '		ļ]	PERSONAL & ADV INJURY GENERAL AGGREGATE	5	
	1	i	J N'L AGGREGATE LIMIT APPLIES PER:				1 - F	PRODUCTS - COMP/OP AGG	+	,
		60,	POLICY PRO-	l			ĺ	11000011	<u> </u>	
			TOMOBILE LIABILITY ANY AUTO	A9JZ11260066019	1(0/1/2009	10/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A			ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
		X	HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	
		X	Hired Car Physical Damage \$1000 Ded					PROPERTY DAMAGE (Per accident)	\$	
		GAR	RAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	
	,]		ANY AUTO					OTHER THAN EA ACC	T	
		Ш.							\$	
	}		ESS / UMBRELLA LIABILITY				l F	EACH OCCURRENCE	\$	
			OCCUR CLAIMS MADE		1		, F	AGGREGATE	\$	
	,	\neg	odovanio s		ĺ				\$	
	, }		DEDUCTIBLE RETENTION \$,		\$	
		KERS	COMPENSATION		(WC STATU- OTH- TORY UMITS ER		
	ANY P	PROPI	OYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE	,	1		. [E.L. EACH ACCIDENT	\$	
	(Mand	datory	AEMBER EXCLUDED?		1		, ,	E.L. DISEASE - EA EMPLOYEE	\$	
	SPECI	IAL PI	ribe under PROVISIONS below		Щ.			EL. DISEASE - POLICY LIMIT	\$	<u></u>
	OTHE	R	,		İ					
DESC	RIPTK)N OF	OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	/EN	T/SPECIAL PROVIS	SIONS			
EMP: VOL: INS:	LOYEI UNTEI URAN(es ? ers ce (AND VOLUNTEERS, ALL BO THEREOF. THIS COVERAGE OR SIMILAR PROTECTION A	LIABILITY: THE CITY OF ROCE DARDS, COMMISSIONS AND/OR IN SE SHALL BE PRIMARY TO THE AVAILABLE TO THE ADDITIONS	TUA CA S	THORITIES AN DDITIONAL IN	nd board membed NSURED, AND NO	RS, INCLUDING EMPLA T CONTRIBUTING WITH	OYEI	es and Ny other
			NG OR EXCESS.							
CERTIFICATE HOLDER						CANCELLATI				
Older of Doubocker Wills								ED POLICIES BE CANCELLED EI		
City of Rochester Hills 1000 Rochester Hills Drive							R WILL ENDEAVOR TO MAIL : NAMED TO THE LEFT, BUT FA			
Rochester Hills, MI 48309								y of any kind upon the in		
					1	REPRESENTATIVE		OF MILITARD OF ON THE AM	44.	any tro mounts and
					- 1	AUTHORIZED REPRESENTATIVE				