CERTIFICATE OF INSURANCE

PRODUCER:	DATE ISSUED: 03/092010 COMPANY: 100% CERTAIN UNDERWRITERS AT LLOYD'S / LONDON
LESTER KALMANSON AGENCY, INC. P.O. BOX 940008 MAITLAND, FL 32794-0008 PH: (407) 645-5000 / FAX: (407) 645-2810	POLICY NUMBER: CLCM09383

NAMED INSURED:	EFFECTIVE DATE:	EXPIRATION DATE:
WHEELS OF FREESTYLE, INC. C/O WESLEY HOLDEN 6191 RANCHO MISSION ROAD #107 SAN DIEGO, CA 92108	02/22/2010 (BOTH DAYS AT 12:01 A.M. LOCAL STANDARD TIME)	02/22/2011

COVERAGE INFORMATION

THIS IS TO CERTIFY THAT THE POLICY(S) OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM(S) OR CONDITION(S) OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE(S) MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND/OR CONDITIONS OF SUCH POLICIES. LIMITS OF LIABILITY SHOWN MAY HAVE BEEN REDUCED BY ANY PAID CLAIMS.

TYPE OF INSURANCE:	LIMITS:	
X GENERAL LIABILITY	GENERAL AGGREGATE:	$ 2,000,000.00
X CLAIMS MADE	LIMITED PRODUCTS AGGREGATE	$-0-
X OWNERS, LANDLORDS & TENANTS	PERSONAL & ADV. INJURY:	$-0-
	EACH OCCURRENCE:	$ 1,000,000.00
RETRO DATE: 02/22/2010		

ADDITIONAL INSURED(S): BRENTWOOD UNION SCHOOL DISTRICT, ITS OFFICERS, EMPLOYEES, AND AGENTS IS/ARE HEREBY ADDED AS ADDITIONAL INSURED ONLY AS THEIR INTEREST MAY APPEAR IN RESPECTS TO THE OPERATION(S) PERFORMED BY THE NAMED INSURED AND/OR ITS EMPLOYEES ONLY.

CERTIFICATE VALID ONLY WITH ATTACHED ADDENDUM "A" FOR DESCRIPTION OF LIABILITY COVERAGE(S) AFFORDED

EVENT DATE(S):

LOCATION:

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(S) AFFORDED BY THE POLICY(S) LISTED. **"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

SHOULD ANY OF THE ABOVE DESCRIBED POLICY(S) BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION(S) &/OR LIABILITY(S) OF ANY KIND UPON THE COMPANY, ITS AGENTS &/OR REPRESENTATIVES &/OR KALMANSON ET AL.

CERTIFICATE HOLDER/ADDITIONAL INSURED	AUTHORIZED REPRESENTATIVE:
	X MITCHEL KALMANSON / PRESIDENT