

VOID - Sample Only

ACORD 101 CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/12/2005			
PRODUCER		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 POLICES BELOW.			
INSURERS AFFORDING COVERAGE		NAIC #			
INSURED		INSURER A: FEDERAL INSURANCE COMPANY			
		INSURER B: ALLIED WORLD ASSURANCE COMPANY			
		INSURER C:			
		INSURER D:			
		INSURER E:			
COVERAGES					
THE POLICES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR ACCT LTR INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY		10/01/05	10/01/06	EACH OCCURRENCE \$ 10,000,000
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)
	X CLAIMS MADE <input type="checkbox"/> OCCUR				MED. EXP (Any one person) \$
A	PRODUCTS LAB (PRIMARY)				PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> ECT <input type="checkbox"/> EC <input type="checkbox"/>				GENERAL AGGREGATE \$ 10,000,000
					PRODUCTS-COMP/OP AGG. \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRE AUTOS				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS				OTHER THAN EA ACC \$
					AUTO ONLY: AGG. \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	ANY AUTO				AGGREGATE \$
					EACH CLAIM \$ 5,000,000
B	EXCESS/UMBRELLA LIABILITY	AW9521742	10/01/05	10/01/06	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				
	DEDUCTIBLE				
	RETENTION EXCESS PROD				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL. EACH ACCIDENT \$
	ANY PROFIT/LOSS/CONTINGENT/EXECUTIVE OFFICER/DIRECTOR EXCLUDED?				EL. DISEASE-EA EMPLOYEE \$
	If yes, describe under SPECIAL PROVISIONS below				EL. DISEASE-POLICY LIMIT \$
	OTHER:				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS					
* Patterson Companies, Inc. and its subsidiaries, Patterson Dental Supply, Inc. (U.S.), and Patterson Dental Canada Inc. (Canada) are listed as additionally insured.					
CERTIFICATE HOLDER					
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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					
PATTERSON COMPANIES INC & ITS SUBSIDIARIES PATTERSON DENTAL SUPPLY INC (U.S.) PATTERSON DENTAL CANADA INC 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120					
Attention:					