

SP # \_\_\_\_\_

ccl-246b (1/00)

**SPECIAL PRIVILEGE CERTIFICATE OF INSURANCE**

State Auto Insurance Company  
(Herein called Insurance Company)

Address PO Box 1980  
Indianapolis, IN 46206

**ISSUED TO THE CITY OF MILWAUKEE: 200 E. Wells St. Rm 105 Milwaukee, WI 53202**

The company hereby certifies that it has issued to:

Name STI Florist LLC

Address 6066 N. 76th Street, Milwaukee WI 53218  
(Include City, State & Zip)

a general liability policy No. PBP218931703 effective 3-7, 2006 expires 3-7, 2008 providing for limits of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability, and \$10,000 for property damage; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy. The City of Milwaukee must be named as additional insured.

Said policy provides that notwithstanding any other provision therein, thirty days written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this 13th day of September, 2006. Signed [Signature]  
Authorized Representative

**AFFIDAVIT**

STATE OF WISCONSIN)

Milwaukee County) ss

Arnold W. Kellenberger, being first duly sworn, on oath deposes and says that he is the agent of the State Auto (Insurance Company), insurer on the attached certificate issued to STI Florist LLC (Insured) Affiant further deposes and says that no officer, official or employe of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said policy.

Signed [Signature]  
Authorized Representative

Subscribed and sworn to before me this

13<sup>th</sup> day of September, 2006  
Margaret A. Laska

Notary Public, State of Wisconsin

My Commission expires 3-28-10