

9. Proof of Insurance

Umbrella Insurance Policy



LIBERTY MUTUAL INSURANCE COMPANY (A Massachusetts Stock Insurance Company, hereinafter the "Insurer")

ENDORSEMENT NO. 26

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:	Netxar Technologies, Inc. &/or Netxar TechnologiesSA &/or Netxar Tech
Policy Number:	UMBPR1367131
Effective Date:	February 18, 2012

AMENDATORY ENDORSEMENT

In consideration of an additional premium of \$518.00, it is hereby understood and agreed that the Policy Period (Item 2 on the Declarations) has been amended as follows:

From: February 18, 2012 **To:** March 31, 2012

This endorsement does not change any other provision of the policy.



1150-UMB (Ed. 07 07)

Handwritten signature and date: 1/17/12



Umbrella Insurance Policy

See Forms and Endorsements Schedule -- 1103-UMB (Ed. 04 00)

PRESIDENT
Edmund F. Kelly

VICE PRESIDENT and SECRETARY
Dexter R. Legg

March 14, 2011

Issuance Date

Commercial General Liability



LIBERTY MUTUAL INSURANCE COMPANY

(A Massachusetts Stock Insurance Company, hereinafter the "Insurer")

ENDORSEMENT NO. 3

Effective Date: February 18, 2012
Policy Number: DGL-PR-136708-1
Named Insured: Netxar Technologies, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY EXTENSION ENDORSEMENT

It is hereby understood and agreed that the policy has been extended for an Additional Premium of \$1,725.00 as follow:

Item 2. Policy Period: From: February 18, 2012 To: March 31, 2012

This endorsement does not change any other provision of the policy.



COMMERCIAL GENERAL LIABILITY

Policy No. DGL-PR-136708-1	Broker Name and Address Eastern America Insurance Agency P.O. Box 193900 San Juan, Puerto Rico 00919-3900	Renewal of NEW	1st Yr. Liab. Pol. 2011
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Item 1. Named Insured: Netxar Technologies, Inc.
Address: # 17 Ponce Street
 San Juan, Puerto Rico

First Named Insured: Netxar Technologies Inc.

The Named Insured is: Individual Partnership Corporation Other

Business of the Insured is: General Contractor

Item 2. Policy Period: From **Mo. Day Year** 02 18 2011 to **Mo. Day Year** 02 18 2012
 12:01 A.M., standard time at the address of the Named Insured as stated herein

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL INJURY AND ADVERTISING INJURY	\$1,000,000
FIRE DAMAGE LIMIT	\$ 50,000 Any one premises
MEDICAL PAYMENTS	\$ 5,000

Item 4. DEDUCTIBLE AMOUNT

The Deductible Amount is \$ N/A per Claim.

Item 5. PREMIUM	Premium Basis	Exposure	Policy Premium Excluding TRIA (Terrorism Risk Insurance Act)	Premium for TRIA	Deposit Policy Premium
Classifications or Locations					
Computer Integrated Systems	Receipts	24,000,000	\$15,000	Excluded	\$15,000

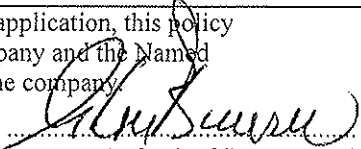
MINIMUM PREMIUM \$25%

DEPOSIT PREMIUM \$15,000

Forms and Endorsements: See Schedule attached.

In consideration of the payment of premium and in reliance upon statements made in the application, this policy including all endorsements issued herewith shall constitute the contract between the Company and the Named Insured. This policy is valid only if signed below by a duly authorized representative of the company.

This policy, including all endorsements issued herewith, is hereby countersigned by



 Authorized Representative

Universal Insurance Company

G.P.O BOX 71338 SAN JUAN, PR 00936

COMMERCIAL POLICY DECLARATION

CHANGE POLICY EXP DATE

POLICY NO. 09-560-000247015-1/003

NAMED INSURED AND MAILING ADDRESS

NETXAR TECHNOLOGIES, INC. &/OR DIGIC
EL INTERNATIONAL FINANCE LIMITED
17 PONCE STREET
SAN JUAN PR 00917

POLICY PERIOD: From 02/18/2011 to 03/31/2012 12:01 A.M. AT THE INSURED'S MAILING ADDRESS

ENDORSEMENT NO. 003

THE FOLLOWING CHANGES HAVE BEEN MADE TO THE ABOVE POLICY. ALL OTHER TERMS
AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

POLICY EXPIRATION DATE IS CHANGED TO 03-31-12

TOTAL ADDITIONAL PREMIUM DUE FOR THIS ENDORSEMENT

\$907

EASTERN AMERICA INSURANCE AGENCY

BY:


AUTHORIZED REPRESENTATIVE

CARRION, LAFFITTE & CASELLAS 0000001313

Producer's copy

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POLICY NO. 09-560-000247015-1/000
 RENEWAL OF 09-560-000224114-1

NAMED INSURED AND MAILING ADDRESS

NETXAR TECHNOLOGIES, INC. AND/OR
 SEE EXTENDED NAMED INSURED
 17 PONCE STREET
 SAN JUAN PR 00917

POLICY PERIOD: From 02/18/2011 to 02/18/2012 12:01 A.M. AT THE INSURED'S MAILING ADDRESS

PREM. NO. 1 BLDG. NO. 1
 #17 PONCE STREET, SAN JUAN, PR
 ON A TWO STORIES CONCRETE BUILDING OCCUPIED AS OFFICE.

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN

COVERAGE	CAUSE OF LOSS	DED \$	COINS	LIMIT OF INSURANCE \$
BUSINESS PERSONAL PROPERTY				
AGREED VALUE	SPECIAL	250	100%	SEE BLANKET SUMMARY
AGREED VALUE	EXP DATE: 02-18-12			SEE BLANKET SUMMARY
AGREED VALUE	EARTHQUAKE	5%	100%	SEE BLANKET SUMMARY
BUSINESS INCOME - OTHER THAN RENTAL VALUE				
BUSINESS INCOME WITH EXTRA EXPENSE	SPECIAL-Incl theft			900,000
	EARTHQUAKE			900,000
OFF PREMISES-BUSINESS INCOME	SPECIAL-Incl theft			900,000
BUSINESS INCOME WITH EXTRA EXPENSE - OTHER THAN RENTAL VALUE	EARTHQUAKE			900,000
COVERAGES: POWER EQUIPMENT PROPERTY				
WATER SUPPLY PROPERTY				
COMMUNICATION SERVICES				
POWER TRANSMISSION				
COMMUNICATION LINES				
GLASS COVERAGE			NIL	
BLANKET				
Equipment Breakdown Coverage				
	SPECIAL-Incl theft		N/A%	
OPTIONAL COVERAGES				
PERSONAL PROPERTY: REPLACEMENT COST				
WINDSTORM & HAIL DEDUCTIBLE: 2%				

UNIVERSAL

Insurance

Universal Insurance Company

G.P.O BOX 71338 SAN JUAN, PR 00936
COMMERCIAL AUTO POLICY
CHANGE POLICY EXP DATE

POLICY NO. 09-CAP518-000257529-1/0

NAMED INSURED AND MAILING ADDRESS

NETXAR TECHNOLOGIES, INC.
AND/OR SANTTOA PROPERTIES, INC.
NO. 17 PONCE STREET
SAN JUAN PR 00917

POLICY PERIOD: From 02/18/2011 to 03/31/2012 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE
ENDORSEMENT NO. 006

THE FOLLOWING CHANGES HAVE BEEN MADE TO THE ABOVE POLICY. ALL OTHER TERMS
AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.
POLICY EXPIRATION DATE IS CHANGED TO 03-31-12

TOTAL ADDITIONAL PREMIUM DUE FOR THIS ENDORSEMENT \$567

EASTERN AMERICA INSURANCE AGENCY

BY: Jane Pablos
AUTHORIZED REPRESENTATIVE

UNIVERSALInsurance
TM

Un iversal Insurance Com any

G.P.O BOX 71338 SAN JUAN, PR 00936

COMMERCIAL AUTO

RENEWAL DECLARATION

POLICY NO. 09-CAP518-000257529-1/0
RENEWAL OF 09-CAP518-000242987-1

NAMED INSURED AND MAILING ADDRESS

NETXAR TECHNOLOGIES, INC.
AND/OR SANTTOA PROPERTIES, INC.
NO. 17 PONCE STREET
SAN JUAN PR

POLICY PERIOD: From 02/18/2011 to 02/18/2012 12:01 A.M. STANDARD TIME AT MAILING ADDRESS SHOWN ABOVE

THE NAMED INSURED IS : CORPORATION BUSINESS DESCRIPTION :

ITEM TWO-SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those Autos shown as covered Autos. Autos are shown as covered Autos for a particular coverage by the entry of one or more symbols next to the name of the coverage on the COVERED AUTOS Section.

COVERED AUTOS	COVERAGES	LIMITS OF LIABILITY	PREMIUM
1	BODILY INJURY-BI PROPERTY DAMAGE-PD	COMBINED SINGLE LIMIT \$ 1,000,000	\$ 2,055 \$ 765
2	AUTO MEDICAL PAYMENTS	\$ 5,000 EACH PERSON	\$ 580
2	PHYSICAL DAMAGE: COMPREHENSIVE COVERAGE	Actual Cash Value or Cost of Repairs, whichever is less, minus deductible for each covered auto (see item three) but no Ded. applies to loss caused by fire/lightning.	\$ 1,030
2	PHYSICAL DAMAGE: COLLISION COVERAGE	Actual Cash Value or Cost of Repairs, whichever is less, minus Deductible for each covered auto (see item three).	\$ 1,826
8	HIRED AUTO LIABILITY COVERAGE	\$ 1,000,000	\$ 87
9	NON-OWNERSHIP LIABILITY	\$ 1,000,000	\$ 12
	PREMIUM FOR ENDORSEMENTS		\$ 450
2	RENTAL REIMBURSEMENT	DESCRIPTION OF COVERED AUTOS	
		PRIVATE PASSENGER	
			MAX PAYMENT PER AUTO
			PER #
			DAY DAYS
	COLLISION		\$ 50 30
	COMPREHENSIVE		\$ 50 30
			\$ 58 \$ 35

Estado Libre Asociado de Puerto Rico
Commonwealth of Puerto Rico
CORPORACION DEL FONDO DEL SEGURO DEL ESTADO
STATE INSURANCE FUND CORPORATION
P.O. Box 365028 San Juan P.R. 00936-5028
G.P.O. Box 365028 San Juan P.R. 00936-5028

CERTIFICACION DE DEUDA
CERTIFICATE OF DEBTS

Número de Certificación: 201218735
Certificate Number
Fecha de Certificación: 20/12/2011 2:45:16PM
Certificate Date 20-12-2011 2:45 pm
Fecha de Expiración: 31-12-2011 12:00
Expiration Date 31-12-2011 12:00 arr
Emitido por: RDIAZ
Emitted by

Certifico que de acuerdo a nuestros récords del día 20-12-2011 2:45 pm
I hereby certify that as of 20-Dec-2011 2:45 pm

el patrono NETXAR TECHNOLOGY
the employer

No tiene deuda con la Corporacion del Fondo del Seguro del Estado
Does not have debts with the State Insurance Fund Corporation

SISTEMA SEGUROS INSURANCE SYSTEM			
<u>NUMERO DE POLIZA</u> <u>POLICY NUMBER</u>	<u>AÑO</u> <u>YEAR</u>	<u>NUMERO DE CARGO</u> <u>NUMBER OF CHARGES</u>	<u>CANTIDAD</u> <u>AMOUNT</u>
			0.00
		TOTAL DEUDA EN PRIMA TOTAL DEBT IN PREMIUM	\$0.00 \$0.00

Esta Certificación no será válida sin el sello oficial o código de verificación electrónica y no representará un relevo de responsabilidad por aquellas deudas con la CFSE, pendientes de ser procesadas al momento de la emisión de este documento.

This certification is not valid without the official stamp or Electronic verification code. It does not represent a release for any pending debts with the State Insurance Fund, waiting to be processed at the time of emitting this document.

Para validar la información contenida en este certificado, favor acceder a:
To validate the information in this certificate, please access the URL:

www.cfse.gov.pr

SR. GUILLERMO URBINA MACHUCA.

20-12-2011
20-Dec-2011
Page 1 of 2

Jefe. Div. Recaudaciones o su Rep. Autorizado
Chief Collection Division Representative

Estado Libre Asociado de Puerto Rico
Commonwealth of Puerto Rico
CORPORACION DEL FONDO DEL SEGURO DEL ESTADO
STATE INSURANCE FUND CORPORATION
P.O. Box 365028 San Juan P.R. 00936-5028
G.P.O. Box 365028 San Juan P.R. 00936-5028

CERTIFICACION DE DEUDA
CERTIFICATE OF DEBTS

SISTEMA CUENTAS POR COBRAR ACCOUNT RECEIVE SYSTEM	
NUMERO DE FACTURA <u>INVOICE NUMBER</u>	CANTIDAD <u>AMOUNT</u>
	0.00
TOTAL DEUDA EN FACTURAS TOTAL DEBT IN INVOICES	\$0.00 \$0.00

Observación: POLIZA NUM. 01-120-02712
Observation S.S. PATRONAL 66-0597335

Esta Certificación no será válida sin el sello oficial o código de verificación electrónica y no representará un relevo de responsabilidad por aquellas deudas con la CFSE, pendientes de ser procesadas al momento de la emisión de este documento.

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SR. GUILLERMO URBINA MACHUCA.

20-12-2011
20-Dec-2011
Page 2 of 2

Jefe. Div. Recaudaciones o su Rep. Autorizado
Chief Collection Division Representative



DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS
GOBIERNO DE PUERTO RICO

NEGOCIADO DE SEGURIDAD DE EMPLEO
DIVISION DE CONTRIBUCIONES
UNIDAD DETERMINACION DE PATRONOS
CERTIFICACIÓN ELECTRÓNICA

NOMBRE DE SOLICITANTE:

NUMERO DE SEGURO SOCIAL O CUENTA PATRONAL FEDERAL: **60597335**

NUMERO DE CERTIFICADO: **N-11-040895-94599**

CERTIFICACIÓN NEGATIVA DE DEUDA DE CONTRIBUCIONES DE SEGURO POR DESEMPLEO Y SEGURO POR INCAPACIDAD NO OCUPACIONAL TEMPORAL

SE CERTIFICA QUE SE HA EFECTUADO UNA BÚSQUDA EN NUESTROS ARCHIVOS Y DE LA MISMA SE DESPRENDE QUE A LA FECHA DE ESTA CERTIFICACIÓN EL SOLICITANTE DE REFERENCIA NO APARECE REGISTRADO COMO PATRONO, POR LO QUE NO ADEUDA CONTRIBUCIONES A LOS SEGUROS POR DESEMPLEO E INCAPACIDAD.

LA INFORMACIÓN INCLUIDA EN ESTE DOCUMENTO ES VÁLIDA POR (90) NOVENTA DÍAS A PARTIR DE LA FECHA DE SU EMISIÓN.

EN SAN JUAN, PUERTO RICO, **20 DE DICIEMBRE DE 2011**

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WARNING: Any alteration voids this document and constitutes a violation of article 292 of the Penal Code.

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DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS
GOBIERNO DE PUERTO RICO

**PROGRAMA DE SEGURO SOCIAL PARA CHOFERES Y OTROS
EMPLEADOS**

CERTIFICACIÓN ELECTRÓNICA

NÚMERO SEGURO SOCIAL PATRONAL: 60597335

NÚMERO DE CERTIFICADO: S-11-040895-94602

EL PROGRAMA DE SEGURO SOCIAL PARA CHOFERES Y OTROS EMPLEADOS DEL DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS CERTIFICA:

QUE SE HA REALIZADO UNA BÚSQUEDA EN LOS ARCHIVOS DE EXPEDIENTES DE LA SECCIÓN DE DETERMINACIÓN DE PATRONOS Y COBROS DE CUENTAS ATRASADAS Y DE LA MISMA SURGE QUE:

NETXAR TECHNOLOGIES NO APARECE REGISTRADO EN ESTE PROGRAMA.

EN TESTIMONIO DE LO CUAL SE EXPIDE LA PRESENTE CERTIFICACION.

EN SAN JUAN, PUERTO RICO, **20 DE DICIEMBRE DE 2011**

Para validar la información contenida en esta certificación, favor acceder a:
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