

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

In re Building Materials Holding Corporation, et al.
Debtors

Case No. 09-12074 (KJC)

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Attached	
Certificates of Insurance:		
Workers Compensation	Attached	
Property	Attached	
General Liability	Attached	
Vehicle	Attached	
Other: Crime and Special Crime, Fiduciary, D&O Excess Coverage, Environmental, Excess Layer, Marine Cargo	Attached	
Identify areas of self-insurance w/liability caps	Attached	
Evidence of Debtor in Possession Bank Accounts	See Attached Order	
Tax Escrow Account	N/A	
General Operating Account	N/A	
Money Market Account pursuant to Local Rule 4001-3. Refer to http://www.deb.uscourts.gov/	N/A	
Other:	N/A	
Retainers Paid (Form IR-2)	Attached	

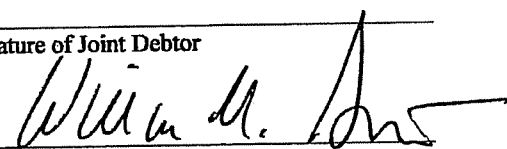
I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

Signature of Joint Debtor

Date


Signature of Authorized Individual*

June 29, 2009
Date

WILLIAM M. SMARTT
Printed Name of Authorized Individual

SENIOR VICE PRESIDENT
AND CHIEF FINANCIAL OFFICER
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

CASH FLOW PROJECTION

[illegible]

CERTIFICATES OF INSURANCE

ACORD CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YY)
06/22/09

PRODUCER LIC #OE77964 1-415-365-8000
Integro Insurance Brokers

101 California Street
Suite 1600
San Francisco, CA 94111

INSURED
SelectBuild Construction, Inc.

720 Park Blvd., Suite 200

Boise, ID 83712

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A *SEE ATTACHED*

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A	<input type="checkbox"/> CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> INLAND MARINE					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
A	<input type="checkbox"/> OTHER	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Fiduciary Liability	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
A	Employment Practices Liab					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of Coverage.

CERTIFICATE HOLDER

Office of the U.S. Trustee

844 King Street
Suite 2207, Lockbox 35
Wilmington, DE 19801

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

©ACORD CORPORATION 1995

ACORD 24 (1/95) myeung

12304156

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
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06/04/08-06/04/10

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INSURED
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720 Park Blvd., Suite 200

Boise, ID 83712

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AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YY)
06/22/09

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
D

Boise, ID 83712

VERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DATE	LOCATION OF PREMISES/DESCRIPTION OF PROPERTY	OFFICIAL	OFFICE

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of Coverage.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

USA

ACORD 24 (1/95) myeung

© ACORD CORPORATION 1995

12304158

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

DATE (MM/DD/YY)
06/22/09

1-415-365-B000

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A *SEE ATTACHED*

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CERTIFICATE MAY BE ISSUED WITH OR WITHOUT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A		CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/>	BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/>	BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/>	SPECIAL				BLANKET BUILDING	\$
	<input type="checkbox"/>	EARTHQUAKE				BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE					\$
		TYPE OF POLICY					\$
		CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS					\$
	<input type="checkbox"/>	OTHER					\$
A	<input checked="" type="checkbox"/>	CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
		TYPE OF POLICY					\$
		Employee Dishonesty					\$
	<input type="checkbox"/>	BOILER & MACHINERY					\$
	<input type="checkbox"/>	OTHER					\$
A		Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A		Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
							\$

[illegible]

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of Coverage.

CERTIFICATE HOLDER

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1995

ACORD 24 (1/95) myeung

12304185

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">ACORD</div> <div style="font-size: 1.2em; font-weight: bold;">CERTIFICATE OF PROPERTY INSURANCE</div> <div style="text-align: right; font-size: 0.8em;"> DATE (MM/DD/YY) 06/22/09 </div> </div>						
PRODUCER LIC #OE77964 1-415-365-8000 Integro Insurance Brokers 101 California Street Suite 1600 San Francisco, CA 94111			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 POLICIES BELOW.			
INSURED SelectBuild Arizona, LLC 720 Park Blvd., Suite 200 Boise, ID 83712			COMPANIES AFFORDING COVERAGE COMPANY A *SEE ATTACHED* COMPANY B COMPANY C COMPANY D			
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
	<input checked="" type="checkbox"/> CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
	<input type="checkbox"/> INLAND MARINE					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
	<input type="checkbox"/> OTHER					\$
A	Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
						\$
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY						
SPECIAL CONDITIONS/OTHER COVERAGES Evidence of Coverage.						
CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street Suite 2207, Lockbox 35 Wilmington, DE 19801 USA			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
ACORD 24 (1/95) myeung 12304183 © ACORD CORPORATION 1995						

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878--PLL-2008		
INSURED Building Materials Holding Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: American International Specialty Lines Ins Co INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 26883

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ IWC STATUTORY LIMITS OTH-ER
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only

CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Brian Lynch</i> Brian Lynch
--	---

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878--PLL-2008

INSURED

Building Materials Holding Corporation
BMC West Corporation
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

[illegible]

MAY BE ISSUED OR MAY PERTAIN, THE INFORMATION CONTAINED HEREIN IS NOT A CONTRACT AND DOES NOT REPRESENT THE AGENT'S OPINION OF SUCH POLICIES. AGGREGATE LIMITS SHOWN HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COM/POP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				IWC STATU-TORY LIMITS OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim policy aggregate deductible \$5,000,000 5,000,000 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS	
Evidence of Insurance Only	

CERTIFICATE HOLDER

SEA-001427666-08

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS 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 POLICIES BELOW.

S4587B--PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURED

Building Materials Holding Corporation
SelectBuild Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER B:

INSURER C:

INSURER D:

INSURER E:

8

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR, INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				IWC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427666-09

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878--PLL-2008

INSURED

Building Materials Holding Corporation
Illinois Framing, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

6

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATU- TORY LIMITS OTH- ER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427666-07

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878--PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBuild Northern California, Inc.
720 Park Blvd., Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR, INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
	GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					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) \$
	HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS				OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	ANY AUTO				AGGREGATE \$
	EXCESS/UMBRELLA LIABILITY				DEDUCTIBLE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>
	If yes, describe under SPECIAL PROVISIONS below				WORK STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
					per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427670-01

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS 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 POLICIES BELOW.

S45878--PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBuild Southern California, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

10

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY				PRODUCTS - COM/DP AGG \$
	ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN EA ACC \$
	ANY AUTO				AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	E.L. DISEASE - POLICY LIMIT \$
					per claim \$5,000,000
					policy aggregate 5,000,000
					deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427666-11

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

O ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS 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 POLICIES BELOW.

S45878--PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
C Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

9

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

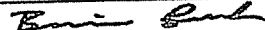
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		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) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				1 WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
A		OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427666-10

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

O ACORD CORPORATION 1988

DATE (MM/DD/YYYY)
06/22/2008

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

Building Materials Holding Corporation
TWF Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

INSURER B:

INSURER C.

INSURER D:

INSURER E:

VERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS
--	------------------	-------------------	--------

MAY BE ISSUED WITH OR WITHOUT THE FOLLOWING CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR. ADD'L LTR		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
		GENERAL LIABILITY					EACH OCCURRENCE	\$	
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
		GENERAL AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	\$	
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS							
		<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO					OTHER THAN EA ACC	\$	
							AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					AGGREGATE	\$	
								\$	
		<input type="checkbox"/> DEDUCTIBLE						\$	
		<input type="checkbox"/> RETENTION \$						\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A		OTHER Environmental Pollution Legal Liability - Claims Made			PLS 2101368	11/11/08	11/11/09	per claim	\$5,000,000
							policy aggregate	5,000,000	
							deductible	1,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS		
Evidence of Insurance Only		

SEA-001427666-06

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-PLL-2008		
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200 Bolse, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: American International Specialty Lines Ins Co INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 26883

COVERAGES						
THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR. ADD'L LTR. INSR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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. AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Brian Lynch
--	---

© ACORD CORPORATION 1988

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBulld Nevada, Inc.
720 Park Blvd., Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

INSURER 8:

INSURER C:

INSURER D:

INSURER E:

VERGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY EFFECTIVE [POLICY EXPIRATION]	LIMITS
--------------------------------------	--------

MAY BE ISSUED OR MAY PERTAIN, THE IN CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR, ADD'L LTR, INSR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
		GENERAL LIABILITY				EACH OCCURRENCE	\$		
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$		
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		<input type="checkbox"/> HIRED AUTOS							
		<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$		
							\$		
		<input type="checkbox"/> DEDUCTIBLE					\$		
		<input type="checkbox"/> RETENTION \$					\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				IWC STATU- TORY LIMITS	OTH- ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$		
						E.L. DISEASE - POLICY LIMIT	\$		
A		OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim	\$5,000,000		
						policy aggregate	5,000,000		
						deductible	1,000,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS	
Evidence of Insurance Only	

CERTIFICATE HOLDER

SEA-001427666-01

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878-PLL-2008

INSURED
Building Materials Holding Corporation
SelectBuild Arizona, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

4

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

CERTIFICATE HOLDER

SEA-001427666-05

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-PLL-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBuild Illinois, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

3

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Pollution Legal Liability - Claims Made	PLS 2101368	11/11/08	11/11/09	per claim \$5,000,000 policy aggregate 5,000,000 deductible 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only

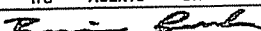
CERTIFICATE HOLDER

SEA-001427666-04

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

O ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658 S45878-SBAZ-CAS-08-09 C Cons eviden	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	OCPG23741817	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ N/A
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (concrete work).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427594-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
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ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008	eiden	
INSURED Building Materials Holding Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (holding company providing capital, management and administrative resources to its subsidiaries, BMC West Corporation and SelectBuild Construction, Inc.).
 Subject to Y2K Endorsement.
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427709-05

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

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ADDITIONAL INFORMATION		SEA-001427709-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	eviden	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-MM-2008 bmcwe eviden	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # <div style="text-align: right;">0</div>

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (supply construction services and quality building materials including engineered lumber products, windows, doors, millwork, trusses, manufactured wall panels and more).
 **10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427892-05

CANCELLATION

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

ADDITIONAL INFORMATION		SEA-001427892-05	DATE (MM/DD/YY) 05/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878--MM-2008 bmcwe eviden		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-MM-2008

C Cons eviden

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
C Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: XL Specialty Ins. Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				1 WC STATU- TORY LIMITS 1 OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (installation services to residential, multi-family and light commercial builders including structural framing, installed doors and millwork, and other installed products).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427896-06

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

ADDITIONAL INFORMATION		SEA-001427896-06	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	C Cons eviden	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation C Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 60 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008 HNR eviden 8779		
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE
		INSURER A: XL Specialty Ins. Co.
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC #

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427895-05

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

ADDITIONAL INFORMATION		SEA-001427895-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	HNR eviden 8779	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (Including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

<h1 style="margin: 0;">ACORD™ CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008 SBIL eviden 8751		
INSURED Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).

*10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427890-05	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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.
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield

ADDITIONAL INFORMATION		SEA-001427890-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	SBIL eviden 8751	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS 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 POLICIES BELOW.

S45878-MM-2008

SBAZ eviden 8911 8913

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBuild Arizona, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: XL Specialty Ins. Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSR					
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
		GENERAL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				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) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
						AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$
A		Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (lumber and building materials; made-to-order wood and clad wood windows and doors; installed millwork; installed framing; installed concrete).
*10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427889-05

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Gloria N. Brumfield*Gloria N. Brumfield*

D ACORD CORPORATION 1988

ADDITIONAL INFORMATION		SEA-001427889-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0497153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	SBAZ eviden 8911 8913	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (Including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

<h1 style="margin: 0;">ACORD™ CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008 C Cons eviden		
INSURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-family and light commercial builders including structural framing, installed doors and millwork, and other installed products).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427893-05

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

ADDITIONAL INFORMATION		SEA-001427893-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878--MM-2008	C Cons eviden	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008 SBIL eviden 8750	INSURERS AFFORDING COVERAGE	
INSURED Building Materials Holding Corporation SelectBuild Illinois, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712		NAIC #
INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:		0

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
 *10-Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427888-05	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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.
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield

ADDITIONAL INFORMATION		SEA-001427888-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878--MM-2008	SBIL eviden 8750	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Illinois, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services <i>Gloria N. Brumfield</i> Gloria N. Brumfield
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-MM-2008 SBNV eviden 8750	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (customized packages of framing lumber and building materials; installed framing; trusses, wall panels and related components; stucco services; installed concrete services; tile roofing services).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427898-05	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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.
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield

ADDITIONAL INFORMATION		SEA-001427898-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	SBNV eviden 8750	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement

CERTIFICATE HOLDER

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-MM-2008 SBNC eviden 8751		
INSURED Building Materials Holding Corporation SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU- <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (construction and vinyl window installation services).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427902-05 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
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ADDITIONAL INFORMATION		SEA-001427902-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878--MM-2008	SBNC eviden 8751	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009												
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.												
S45878-MM-2008 CConst eviden	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: XL Specialty Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: XL Specialty Ins. Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: XL Specialty Ins. Co.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURED Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712														

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATUTORY LIMITS OTHER \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (customized packages of framing lumber and building materials; trusses, wall panels and related components; framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427894-05

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

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Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

ADDITIONAL INFORMATION		SEA-001427894-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	CConst eviden	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-MM-2008 TWF eviden 8790	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation TWF Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURER A: XL Specialty Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Non-Owned Aircraft Liability	NAN3051921	11/11/08	11/11/09	Per Attached

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427891-05

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
---	---

ADDITIONAL INFORMATION		SEA-001427891-05	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-MM-2008	TWF eviden 8790	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation TWF Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

Combined Single Limit Bodily Injury and Property Damage Liability (including passengers):

Liability Limit:	\$10,000,000 CSL
Personal Injury:	\$10,000,000 Aggregate
Medical Payments:	\$5,000 Each Passenger
Baggage Liability:	\$500 Each Person/\$25,000 Each Occurrence
Territorial Limits:	Worldwide
Maximum Seating:	Not to exceed 50 (fifty) total seats

Subject to Y2K Endorsement.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield
---	---

ACORD CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YY)
06/22/09

PRODUCER LIC #OE77964
Integro Insurance Brokers

1-415-365-8000

101 California Street
Suite 1600
San Francisco, CA 94111

INSURED
Illinois Framing, Inc.
720 Park Blvd., Suite 200
Boise, ID 83712

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A *SEE ATTACHED*
COMPANY B
COMPANY C
COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A	CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> INLAND MARINE					\$
	TYPE OF POLICY					\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	TYPE OF POLICY					\$
	Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
A	<input type="checkbox"/> OTHER	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Fiduciary Liability	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
A	Employment Practices Liab					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of Coverage.

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207, Lockbox 35
Wilmington, DE 19801

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CORPORATION 1995

ACORD 24 (1/95) myeung

12304157

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

ACORD**CERTIFICATE OF PROPERTY INSURANCE**DATE (MM/DD/YY)
06/22/09PRODUCER LIC #OE77964
Integro Insurance Brokers

1-415-365-8000

101 California Street
Suite 1600
San Francisco, CA 94111INSURED
H.N.R. Framing Systems, Inc.

720 Park Blvd., Suite 200

Boise, ID 83712

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGECOMPANY
A *SEE ATTACHED*COMPANY
BCOMPANY
CCOMPANY
D**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A	<input type="checkbox"/> CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
	<input type="checkbox"/> INLAND MARINE					\$
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	<input type="checkbox"/> TYPE OF POLICY					\$
	<input type="checkbox"/> Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
	<input type="checkbox"/> OTHER					\$
A	Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
						\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of coverage.**CERTIFICATE HOLDER**

Office of the U.S. Trustee

844 King Street
Suite 2207, Lockbox 35
Wilmington, DE 19801

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 24 (1/95) myeung

12304171

© ACORD CORPORATION 1995

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (holding company providing capital, management and administrative resources to its subsidiaries, BMC West Corporation and SelectBuild Construction, Inc.).

*10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427569-03 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield <i>Gloria N. Brumfield</i>
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Type of Insurance and Insurer	Policy Number	Limits
<i>Following Form Excess Liability--1st Layer</i> Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
<i>Following Form Excess Liability--2nd Layer</i> Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability--3rd Layer</i> XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability-4th Layer</i> AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<input checked="" type="checkbox"/> GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ AUTO ONLY: AGG \$
		<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States Incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> LWC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		<input type="checkbox"/> OTHER FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (supply construction services and quality building materials including engineered lumber products, windows, doors, millwork, trusses, manufactured wall panels and more).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427584-03

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	KDA0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658 S45878-CCons-MM-08-09 C Cons eviden	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation C Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF-INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000	
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> DEDUCTIBLE: <input checked="" type="checkbox"/> \$1MM PER ACCIDENT	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-OWNED & HIRED VEHICLES: SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> HWC STATUS- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (Installation services to residential, multi-family and light commercial builders including structural framing, installed doors and millwork, and other installed products). *10 Days Notice Non Payment of Premium							

CERTIFICATE HOLDER SEA-001427750-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
---	--

Type of Insurance and Insurer	Policy Number	Limits
<i>Following Form Excess Liability--1st Layer</i> Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
<i>Following Form Excess Liability--2nd Layer</i> Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability--3rd Layer</i> XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability-4th Layer</i> AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES							
THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	INSR						
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION - \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
B		OTHER FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry). *10 Days Notice Non Payment of Premium							

CERTIFICATE HOLDER SEA-001427572-03 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield <i>Gloria N. Brumfield</i>
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Type of Insurance and Insurer	Policy Number	Limits
<i>Following Form Excess Liability--1st Layer</i> Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
<i>Following Form Excess Liability--2nd Layer</i> Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability--3rd Layer</i> XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability-4th Layer</i> AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427580-03 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield <i>Gloria N. Brumfield</i>
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Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES						
THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		OTHER FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (lumber and building materials; made-to-order wood and clad wood windows and doors; installed millwork; installed framing; installed concrete). *10 Days Notice Non Payment of Premium						

CERTIFICATE HOLDER SEA-001427579-03	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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.
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Gloria N. Brumfield <div style="text-align: right; margin-top: -20px;"> <i>Gloria N. Brumfield</i> </div>

Type of Insurance and Insurer	Policy Number	Limits
<i>Following Form Excess Liability--1st Layer</i> Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
<i>Following Form Excess Liability--2nd Layer</i> Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability--3rd Layer</i> XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability-4th Layer</i> AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance Company	22667
	INSURER B: Various - See Attached	
	INSURER C:	
	INSURER D:	
INSURER E:		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$ 2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (installation services to residential, multi-family and light commercial builders including structural framing, installed doors and millwork, and other installed products).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427586-03

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate Excess of Primary Umbrella and Underlying Coverages
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate Excess of Underlying Coverages
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence Excess of Underlying Coverages
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate Excess of Underlying Coverages

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104
Attn: Priscilla Tom 415-743-7658

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: ACE American Insurance Company

22667

INSURER B: Various - See Attached

INSURER C:

INSURER D:

INSURER E:

INSURED
Building Materials Holding Corporation
SelectBuild Illinois, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		OTHER FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
*10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427576-03

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
OF MARSH RISK & INSURANCE SERVICES
Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

<h1 style="margin: 0;">ACORD™ CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YYYY) 06/22/2009												
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658 102546-SBNC-MM-08-09 SBNC eviden 8800		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 POLICIES BELOW.												
INSURED Building Materials Holding Corporation SelectBuild Northern California, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: Various - See Attached</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Various - See Attached		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: ACE American Insurance Company	22667													
INSURER B: Various - See Attached														
INSURER C:														
INSURER D:														
INSURER E:														

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	INSRD	GENERAL LIABILITY EXCESS	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF-INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE	\$ 1,900,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ N/A
		<input checked="" type="checkbox"/> RETENTION - \$100,000				PERSONAL & ADV INJURY	\$ 1,900,000
		GENERAL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	INSRD	AUTOMOBILE LIABILITY	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES: SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
A	INSRD	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AGG	\$
							\$
A	INSRD	EXCESS/UMBRELLA LIABILITY	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE	\$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION - \$ 2,000,000					\$
A	INSRD	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> LWC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	INSRD	FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (construction and vinyl window installation services).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427598-02 Office of the U.S. Trustee 844 King Street, Suite 2207 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
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Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104
Attn: Priscilla Tom 415-743-7658

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: ACE American Insurance Company

22667

INSURER B: Various - See Attached

INSURER C:

INSURER D:

INSURER E:

INSURED
Building Materials Holding Corporation
SelectBuild Southern California, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE \$ 1,900,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,900,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$-2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATU-LITY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		FOLLOWING FORM EXCESS LIABILITY	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (customized packages of framing lumber and building materials; trusses, wall panels and related components; framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER

SEA-001427593-03

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Gloria N. Brumfield

Gloria N. Brumfield

© ACORD CORPORATION 1988

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658 102704-Selec-MM-08-09	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES									
THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
LTR	INSRD								
A		GENERAL LIABILITY EXCESS <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETENTION: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF-INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE	\$	1,900,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	N/A	
						MED EXP (Any one person)	\$	N/A	
						PERSONAL & ADV INJURY	\$	1,900,000	
						GENERAL AGGREGATE	\$	2,000,000	
						PRODUCTS - COMP/OP AGG	\$	2,000,000	
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000	
						BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
						AUTO ONLY - EA ACCIDENT	\$		
						OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$-2,000,000	XOOG23891517	11/11/08	11/11/09	EACH OCCURRENCE	\$	10,000,000	
						AGGREGATE	\$	10,000,000	
							\$		
							\$		
							\$		
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WLRC44347635 (All States incl FL) DEDUCTIBLE: \$2,000,000 PER ACCIDENT	11/11/08	11/11/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$	1,000,000	
						E.L. EACH ACCIDENT	\$	1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
B		SEE ATTACHED	SEE ATTACHED	11/11/08	11/11/09	SEE ATTACHED			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (customized packages of framing lumber and building materials; installed framing; trusses, wall panels and related components; stucco services; installed concrete services; tile roofing services).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427600-01 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield
--	--

Type of Insurance and Insurer	Policy Number	Limits
Following Form Excess Liability--1st Layer Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
Following Form Excess Liability--2nd Layer Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
Following Form Excess Liability--3rd Layer XL Europe Company Ltd. Catlin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
Following Form Excess Liability-4th Layer AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 Attn: Priscilla Tom 415-743-7658	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation TWF Construction, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Various - See Attached INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR/ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY EXCESS	XSLG23741805 DED: \$1.9MM PER OCC XS OF SELF INSURED RETENTION GEN AGG SUBJECT TO POLICY MAXIMUM OF \$25,000,000	11/11/08	11/11/09	EACH OCCURRENCE	\$ 1,900,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ N/A	
	<input checked="" type="checkbox"/> RETENTION: \$100,000				PERSONAL & ADV INJURY	\$ 1,900,000	
	GENERAL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOG				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY	ISAH0801355A DEDUCTIBLE: \$1,000,000 PER ACCIDENT AUTO PHYSICAL DAMAGE-- OWNED & HIRED VEHICLES SELF-INSURED	11/11/08	11/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
A	GARAGE LIABILITY	XOOG23891517	11/11/08	11/11/09	AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
						\$	
A	EXCESS/UMBRELLA LIABILITY	WLRC44347635 (All States Incl FL)	11/11/08	11/11/09	EACH OCCURRENCE	\$ 10,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> DEDUCTIBLE					\$	
	<input checked="" type="checkbox"/> RETENTION: \$ 2,000,000					\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	11/11/08	11/11/09	<input checked="" type="checkbox"/> WWC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$ 1,000,000	
	DEDUCTIBLE: \$2,000,000 PER ACCIDENT				E.L. EACH ACCIDENT	\$ 1,000,000	
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
B	OTHER	SEE ATTACHED LIST	11/11/08	11/11/09	SEE ATTACHED		
	FOLLOWING FORM EXCESS LIABILITY						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (framing/rough carpentry).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427582-03

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Gloria N. Brumfield

Gloria N. Brumfield

Type of Insurance and Insurer	Policy Number	Limits
<i>Following Form Excess Liability--1st Layer</i> Aspen Insurance (UK) Ltd.	K0A0ABF08A0X	\$13,000,000 Each Occurrence \$13,000,000 General Aggregate <i>Excess of Primary Umbrella and Underlying Coverages</i>
<i>Following Form Excess Liability--2nd Layer</i> Lexington Insurance Company	2213790	\$15,000,000 Each Occurrence \$15,000,000 General Aggregate <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability--3rd Layer</i> XL Europe Company Ltd. Callin Insurance Company (UK) Ltd.	IE0001380L108A DL500408(1)	\$10,000,000 p/o \$40,000,000 Each Occurrence \$10,000,000 p/o \$40,000,000 Each Occurrence
Max Re Insurance Europe Ltd.	23440-528-XSOCC-2008	\$10,000,000 p/o \$40,000,000 Each Occurrence
Swiss Re (SR International Business Insurance)	MH 66701.2	\$10,000,000 p/o \$40,000,000 Each Occurrence <i>Excess of Underlying Coverages</i>
<i>Following Form Excess Liability-4th Layer</i> AIG Cat Excess Liability	173-0879	\$20,000,000 Each Occurrence \$20,000,000 General Aggregate <i>Excess of Underlying Coverages</i>

ACORD _{TM} CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-MM-2009 eviden	INSURERS AFFORDING COVERAGE INSURER A: Midwest Employers Casualty Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 23612
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Boulevard, Suite 200 Boise, ID 83712		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	EWC007170 (WA Only) SELF-INSURED RETENTIONS: \$500,000 EL Ea. Accident; \$500,000 EL-Disease Ea. Employee	01/01/09	01/01/10	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Evidence of Insurance Only with respect to liability arising out of Named Insured's operations (supply lumber and building materials, millwork, doors, windows, building components and/or hardware).
 *10 Days Notice Non Payment of Premium

CERTIFICATE HOLDER SEA-001427631-01 Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Gloria N. Brumfield <i>Gloria N. Brumfield</i>
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Building Materials Holding Corporation
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427649-01

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878--ENV-2008

INSURED
Building Materials Holding Corporation
BMC West Corporation
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. ADD'L LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/>				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS <input type="checkbox"/>				OTHER THAN EA ACC \$
	GARAGE LIABILITY				AUTO ONLY: AGG \$
	ANY AUTO <input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS/UMBRELLA LIABILITY				AGGREGATE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				\$
	DEDUCTIBLE <input type="checkbox"/>				\$
	RETENTION \$ <input type="checkbox"/>				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	E.L. DISEASE - POLICY LIMIT \$
					per occurrence \$5,000,000
					Emergency Response \$250,000
					policy aggregate \$5,000,000
					deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-04

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878-ENV-2008

INSURED

Building Materials Holding Corporation
SelectBuild Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

5

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR: ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				WC STATU- TORY LIMITS OTH- ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-05

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

Building Materials Holding Corporation
Illinois Framing, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input type="checkbox"/>				PERSONAL & ADV INJURY \$
	<input type="checkbox"/>				GENERAL AGGREGATE \$
	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG \$
	GENERAL AGGREGATE LIMIT APPLIES PER				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
	<input type="checkbox"/>				AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/>				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-03

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS 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 POLICIES BELOW.

S45878--ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Building Materials Holding Corporation
SelectBuild Northern California, Inc.
720 Park Blvd., Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

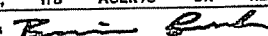
INSR ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-08

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/22/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-ENV-2008		
INSURED Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Boulevard, Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: American International Specialty Lines Ins Co INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 26883

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR, ADD'L LTR, INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				\$ \$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-07

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Brian Lynch

Brian Lynch

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878--ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Building Materials Holding Corporation
C Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	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) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-06

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

S45878-ENV-2008

INSURED

Building Materials Holding Corporation
TVF Construction, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

2

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/DP AGG \$
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
		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) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
		DEDUCTIBLE				
		RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-02

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURED

Building Materials Holding Corporation
H.N.R. Framing Systems, Inc.
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR; ADD'L LTR; INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS OTH- ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427653-02

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

Building Materials Holding Corporation
SelectBuild Nevada, Inc.
720 Park Blvd., Suite 200
Boise, ID 83712

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR, INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-09

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER
MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104

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 POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Building Materials Holding Corporation
SelectBuild Arizona, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				PRODUCTS - COM/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) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427658-01

CANCELLATION

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

Brian Lynch

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2009

PRODUCER

MARSH RISK & INSURANCE SERVICES
345 CALIFORNIA STREET, SUITE 1300
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94104THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
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HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

S45878-ENV-2008

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

Building Materials Holding Corporation
SelectBuild Illinois, LLC
720 Park Boulevard, Suite 200
Boise, ID 83712

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR, ADD'L LTR, INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
	GENERAL AGGREGATE LIMIT APPLIES PER				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
					\$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Environmental Contractor's Pollution Liab. - Occurrence	CPO 2085489	11/11/08	11/11/09	per occurrence \$5,000,000 Emergency Response \$250,000 policy aggregate \$5,000,000 deductible \$1,000,000


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Evidence of Insurance Only.

CERTIFICATE HOLDER

SEA-001427656-01

Office of the U.S. Trustee
844 King Street, Suite 2207
Lockbox 35
Wilmington, DE 19801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services
Brian Lynch

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.
S45878-HM-Liab-0910		
INSURED Building Materials Holding Corporation SelectBuild Illinois, LLC 720 Park Blvd., Suite 200 Boise, ID 83712		INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSRD					
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER SEA-001427799-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Michael Pellegrini <i>Michael Pellegrini</i>
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ADDITIONAL INFORMATION		SEA-001427799-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC #	
INSURED Building Materials Holding Corporation SelectBuild Illinois, LLC 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER F:		
	INSURER G:		
	INSURER H:		
	INSURER I:		

TEXT

PROPERTY DAMAGE LIMIT:

1. 1989, 56', Skipperliner, House Boat	\$85,000 with Deductible \$3,400
2. 1998, 20' Regal, Fish & Ski	\$15,500 with Deductible \$310
3. 2001, 59' Skipperliner, House Boat	\$520,000 with Deductible \$10,400
4. 2006, 21' Sea Ray, 250 Sport	\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat	\$25,000
2. 1998, 20' Regal, Fish & Ski	\$5,000
3. 2001, 59' Skipperliner, House Boat	\$25,000
4. 2006, 21' Sea Ray, 250 Sport	\$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

1. 1989, 56', Skipperliner, House Boat	\$10,000 with Deductible \$250
2. 1998, 20' Regal, Fish & Ski	\$2,500 with Deductible \$250
3. 2001, 59' Skipperliner, House Boat	\$10,000 with Deductible \$250
4. 2006, 21' Sea Ray, 250 Sport	\$2,500 with Deductible \$250

TRAILER:

1. 1989, 56', Skipperliner, House Boat	Not Covered
2. 1998, 20' Regal, Fish & Ski	\$15,000 with Deductible \$250
3. 2001, 59' Skipperliner, House Boat	Not Covered
4. 2006, 21' Sea Ray, 250 Sport	\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
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<u>ACORD</u>™		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009	
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104		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 POLICIES BELOW.			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE		NAIC #	
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER A: ACE American Insurance Company		22667	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

INSR/ADD'L LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.	

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801		SEA-001427797-01		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini	
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ADDITIONAL INFORMATION		SEA-001427797-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Arizona, LLC 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
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S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC # 22667
INSURED Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
EVIDENCE OF INSURANCE.						

CERTIFICATE HOLDER

SEA-001427796-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
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ADDITIONAL INFORMATION		SEA-001427796-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC #	
INSURED Building Materials Holding Corporation SelectBuild Nevada, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER F:		
	INSURER G:		
	INSURER H:		
	INSURER I:		

TEXT

PROPERTY DAMAGE LIMIT:

1. 1989, 56', Skipperliner, House Boat	\$85,000 with Deductible \$3,400
2. 1998, 20' Regal, Fish & Ski	\$15,500 with Deductible \$310
3. 2001, 59' Skipperliner, House Boat	\$520,000 with Deductible \$10,400
4. 2006, 21' Sea Ray, 250 Sport	\$38,500 with Deductible \$578

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

1. 1989, 56', Skipperliner, House Boat	\$25,000
2. 1998, 20' Regal, Fish & Ski	\$5,000
3. 2001, 59' Skipperliner, House Boat	\$25,000
4. 2006, 21' Sea Ray, 250 Sport	\$10,000

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

1. 1989, 56', Skipperliner, House Boat	\$10,000 with Deductible \$250
2. 1998, 20' Regal, Fish & Ski	\$2,500 with Deductible \$250
3. 2001, 59' Skipperliner, House Boat	\$10,000 with Deductible \$250
4. 2006, 21' Sea Ray, 250 Sport	\$2,500 with Deductible \$250

TRAILER:

1. 1989, 56', Skipperliner, House Boat	Not Covered
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3. 2001, 59' Skipperliner, House Boat	Not Covered
4. 2006, 21' Sea Ray, 250 Sport	\$1,200 with Deductible \$250

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-HM-Liab-0910	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ IWC STATUTORY LIMITS OTH-ER
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427795-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ADDITIONAL INFORMATION		SEA-001427795-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation H.N.R. Framing Systems, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation TWF Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667
S45878-HM-Liab-0910		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER SEA-001427791-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services Michael Pellegrini <i>Michael Pellegrini</i>
---	--

ADDITIONAL INFORMATION		SEA-001427791-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation TWF Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Service <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667
INSURED Building Materials Holding Corporation C Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427790-01

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Michael Pellegrini

Michael Pellegrini

ADDITIONAL INFORMATION		SEA-001427790-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation C Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Service <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667
S45878-HM-Liab-0910		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427789-01

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Michael Pellegrini

Michael Pellegrini

ADDITIONAL INFORMATION		SEA-001427789-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Southern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-HM-Liab-0910	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427787-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ADDITIONAL INFORMATION		SEA-001427787-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Northern California, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Michael Pellegrini
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667
INSURED Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427786-01

CANCELLATION

Office of the U.S. Trustee
 844 King Street, Suite 2207
 Lockbox 35
 Wilmington, DE 19801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE
 of Marsh Risk & Insurance Services
 Michael Pellegri

Michael Pellegri

ADDITIONAL INFORMATION		SEA-001427786-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation Illinois Framing, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 55', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Service <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability OTHER	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427784-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i>
---	---

ADDITIONAL INFORMATION		SEA-001427784-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation SelectBuild Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 S45878-HM-Liab-0910	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 POLICIES BELOW.	
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Blvd., Suite 200 Boise, ID 83712	INSURERS AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22667

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability OTHER	Y08159129	06/12/09	06/12/10	Per attached.
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
EVIDENCE OF INSURANCE.						

CERTIFICATE HOLDER SEA-001427783-01	CANCELLATION
Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini

ADDITIONAL INFORMATION		SEA-001427783-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation BMC West Corporation 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Service <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104	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 POLICIES BELOW.	
S45878-HM-Liab-0910	INSURERS AFFORDING COVERAGE	NAIC # 22667
INSURED Building Materials Holding Corporation 720 Park Blvd., Suite 200 Boise, ID 83712	INSURER A: ACE American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Marine Hull & Liability OTHER	Y08159129	06/12/09	06/12/10	Per attached.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

SEA-001427782-01

CANCELLATION

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
---	--

ADDITIONAL INFORMATION		SEA-001427782-01	DATE (MM/DD/YY) 06/23/2009
PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104			
S45878-HM-Liab-0910		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Building Materials Holding Corporation 720 Park Blvd., Suite 200 Boise, ID 83712		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

TEXT

PROPERTY DAMAGE LIMIT:

- | | |
|--|------------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$85,000 with Deductible \$3,400 |
| 2. 1998, 20' Regal, Fish & Ski | \$15,500 with Deductible \$310 |
| 3. 2001, 59' Skipperliner, House Boat | \$520,000 with Deductible \$10,400 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$38,500 with Deductible \$578 |

LIABILITY LIMIT: \$1,000,000 limit for each vessel

MEDICAL PAYMENTS:

- | | |
|--|----------|
| 1. 1989, 56', Skipperliner, House Boat | \$25,000 |
| 2. 1998, 20' Regal, Fish & Ski | \$5,000 |
| 3. 2001, 59' Skipperliner, House Boat | \$25,000 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$10,000 |

UNINSURED BOATER: \$1,000,000 limit for each vessel

PERSONAL PROPERTY:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 2. 1998, 20' Regal, Fish & Ski | \$2,500 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | \$10,000 with Deductible \$250 |
| 4. 2006, 21' Sea Ray, 250 Sport | \$2,500 with Deductible \$250 |

TRAILER:

- | | |
|--|--------------------------------|
| 1. 1989, 56', Skipperliner, House Boat | Not Covered |
| 2. 1998, 20' Regal, Fish & Ski | \$15,000 with Deductible \$250 |
| 3. 2001, 59' Skipperliner, House Boat | Not Covered |
| 4. 2006, 21' Sea Ray, 250 Sport | \$1,200 with Deductible \$250 |

NAVIGATIONAL LIMITS: All boats are confined to port on a Port Risk only. Navigation is not permitted.

CERTIFICATE HOLDER

Office of the U.S. Trustee 844 King Street, Suite 2207 Lockbox 35 Wilmington, DE 19801	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services <i>Michael Pellegrini</i> Michael Pellegrini
---	--

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">ACORD</div> <div style="font-size: 1.2em; font-weight: bold;">CERTIFICATE OF PROPERTY INSURANCE</div> <div style="text-align: right; font-size: 0.8em;"> DATE (MM/DD/YY) 06/22/09 </div> </div>						
PRODUCER LIC #OE77964 1-415-365-8000 Integro Insurance Brokers 101 California Street Suite 1600 San Francisco, CA 94111			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 POLICIES BELOW.			
INSURED C Construction, Inc. 720 Park Blvd., Suite 200 Boise, ID 83712			COMPANIES AFFORDING COVERAGE			
			COMPANY A *SEE ATTACHED*			
			COMPANY B			
			COMPANY C			
COMPANY D						
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A	CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
	<input type="checkbox"/> INLAND MARINE					\$
	TYPE OF POLICY					\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	TYPE OF POLICY					\$
	Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
	OTHER					\$
A	Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
						\$
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY						
SPECIAL CONDITIONS/OTHER COVERAGES Evidence of Coverage.						
CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street Suite 2207, Lockbox 35 Wilmington, DE 19801 USA			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
ACORD 24 (1/95) myeung ©ACORD CORPORATION 1995						

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">ACORD</div> <div style="font-size: 1.2em; font-weight: bold;">CERTIFICATE OF PROPERTY INSURANCE</div> <div style="text-align: right; font-size: 0.8em;"> DATE (MM/DD/YY) 06/22/09 </div> </div>						
PRODUCER LIC #OE77964 1-415-365-8000 Integro Insurance Brokers 101 California Street Suite 1600 San Francisco, CA 94111			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 POLICIES BELOW.			
INSURED Building Materials Holding Corporation 720 Park Blvd., Suite 200 Boise, ID 83712			COMPANIES AFFORDING COVERAGE			
			COMPANY A *SEE ATTACHED*			
			COMPANY B			
			COMPANY C			
COMPANY D						
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
	<input type="checkbox"/> CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
						\$
	INLAND MARINE					\$
	TYPE OF POLICY					\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
	TYPE OF POLICY					\$
	Employee Dishonesty					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
	OTHER					\$
A	Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A	Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
						\$
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY						
SPECIAL CONDITIONS/OTHER COVERAGES Evidence of Coverage.						
CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street Suite 2207, Lockbox 35 Wilmington, DE 19801 <div style="text-align: right;">USA</div>				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 24 (1/95) myeung				©ACORD CORPORATION 1995		

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

<div style="display: flex; justify-content: space-between; align-items: center;"> ACORD CERTIFICATE OF PROPERTY INSURANCE </div>						DATE (MM/DD/YY) 06/22/09	
PRODUCER LIC #OE77964 1-415-365-8000 Integro Insurance Brokers 101 California Street Suite 1600 San Francisco, CA 94111				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 POLICIES BELOW.			
INSURED BMC West Corporation 720 Park Blvd., Suite 200 Boise, ID 83712				COMPANIES AFFORDING COVERAGE			
				COMPANY A *SEE ATTACHED*			
				COMPANY B			
				COMPANY C			
COMPANY D							
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy	
A	<input type="checkbox"/> CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included	
A	<input type="checkbox"/> BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included	
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included	
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$	
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$	
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$	
	<input type="checkbox"/> INLAND MARINE					\$	
	<input type="checkbox"/> TYPE OF POLICY					\$	
	<input type="checkbox"/> CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS					\$	
	<input type="checkbox"/> OTHER					\$	
A	<input checked="" type="checkbox"/> CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000	
	<input type="checkbox"/> TYPE OF POLICY					\$	
	<input type="checkbox"/> Employee Dishonesty					\$	
	<input type="checkbox"/> BOILER & MACHINERY					\$	
A	<input type="checkbox"/> OTHER	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000	
A	Fiduciary Liability	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000	
A	Employment Practices Liab					\$	
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY							
SPECIAL CONDITIONS/OTHER COVERAGES Evidence of Coverage.							
CERTIFICATE HOLDER Office of the U.S. Trustee 844 King Street Suite 2207, Lockbox 35 Wilmington, DE 19801				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
AUTHORIZED REPRESENTATIVE <div style="text-align: center;"> </div>							
ACORD 24 (1/95) myeung 12304154				©ACORD CORPORATION 1995			

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10

DATE (MM/DD/YY)
06/22/09

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 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A *SEE ATTACHED*

COMPANY
B

COMPANY
C

COMPANY

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NOTATIONS AND CONDITIONS OF COVERAGE, COPIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	EAF7440039-08	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUILDING	\$ PerPolicy
A		CAUSES OF LOSS	D37339945002	11/11/08	11/11/09	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
A	<input type="checkbox"/>	BASIC	MAX4XP0003248	11/11/08	11/11/09	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/>	BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input type="checkbox"/>	SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE					\$
		TYPE OF POLICY					\$
							\$
		CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS					\$
	<input type="checkbox"/>	OTHER					\$
A	<input checked="" type="checkbox"/>	CRIME	8122-2977	06/04/08	06/04/10		\$ 15,000,000
		TYPE OF POLICY					\$
		Employee Dishonesty					\$
	<input type="checkbox"/>	BOILER & MACHINERY					\$
							\$
	<input type="checkbox"/>	OTHER					\$
A		Fiduciary Liability	8122-2977	06/04/08	06/04/10	Limit	\$ 10,000,000
A		Employment Practices Liab	575-84-22	06/04/08	06/04/10	Limit of Liability	\$ 15,000,000
							\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Evidence of Coverage.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES, THORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

ACORD 24 (1/95) **инструкция**

USA

12304167

© ACORD CORPORATION 1995

EVIDENCE OF INSURANCE – ADDENDUM

COMPANIES AFFORDING COVERAGE:

Property:

Westchester Surplus Lines Inc. Co. (Primary \$10M)
D37339945002
11/11/08 – 11/11/09

AXIS Surplus Ins. Co. (50% of \$40M xs of \$10M)
EAF440039-08
11/11/08 – 11/11/09

Max Specialty (50% of \$40M xs of \$10M)
MAX4XP0003248
11/11/08 – 11/11/09

Crime:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Fiduciary Liability:

Federal Insurance Company
8122-2977
06/04/08 – 06/04/10

Employment Practices Liability:

National Union Fire Insurance Company of Pittsburgh, Pa.
575-84-22
06/04/08-06/04/10



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

INSURED
BMC West Corporation
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 deductible (1) \$2,500,000

Certificate No : 570035122982

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Attachment to ACORD Certificate for BMC West Corporation

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

BMC West Corporation
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445

INSURER

INSURER

INSURER

INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122982



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/25/2009

PRODUCER Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA PHONE-(866) 283-7122 FAX-(847) 953-5390	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 POLICIES BELOW.																		
INSURED Building Materials Holding Corporation Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA	<table border="1"><tr><th colspan="2">INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B:</td><td>AIG Excess Liability Insurance Co. Ltd.</td><td>10932</td></tr><tr><td>INSURER C:</td><td>Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER D:</td><td>Zurich American Ins Co</td><td>16535</td></tr><tr><td>INSURER E:</td><td>XL Specialty Insurance Co</td><td>37885</td></tr></table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Company	11150	INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932	INSURER C:	Federal Insurance Company	20281	INSURER D:	Zurich American Ins Co	16535	INSURER E:	XL Specialty Insurance Co	37885
INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Arch Insurance Company	11150																	
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932																	
INSURER C:	Federal Insurance Company	20281																	
INSURER D:	Zurich American Ins Co	16535																	
INSURER E:	XL Specialty Insurance Co	37885																	

Holder Identifier :

Certificate No : 570035123026

COVERAGES SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td></td></tr><tr><td>MED EXP (Any one person)</td><td></td></tr><tr><td>PERSONAL & ADV INJURY</td><td></td></tr><tr><td>GENERAL AGGREGATE</td><td></td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td></td></tr></table>	EACH OCCURRENCE		DAMAGE TO RENTED PREMISES (Ea occurrence)		MED EXP (Any one person)		PERSONAL & ADV INJURY		GENERAL AGGREGATE		PRODUCTS - COMP/OP AGG	
EACH OCCURRENCE																		
DAMAGE TO RENTED PREMISES (Ea occurrence)																		
MED EXP (Any one person)																		
PERSONAL & ADV INJURY																		
GENERAL AGGREGATE																		
PRODUCTS - COMP/OP AGG																		
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
COMBINED SINGLE LIMIT (Ea accident)																		
BODILY INJURY (Per person)																		
BODILY INJURY (Per accident)																		
PROPERTY DAMAGE (Per accident)																		
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1"><tr><td>AUTO ONLY - EA ACCIDENT</td><td></td></tr><tr><td>OTHER THAN AUTO ONLY : EA ACC</td><td></td></tr><tr><td>AGG</td><td></td></tr></table>	AUTO ONLY - EA ACCIDENT		OTHER THAN AUTO ONLY : EA ACC		AGG							
AUTO ONLY - EA ACCIDENT																		
OTHER THAN AUTO ONLY : EA ACC																		
AGG																		
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
EACH OCCURRENCE																		
AGGREGATE																		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT		E.L. DISEASE-EA EMPLOYEE		E.L. DISEASE-POLICY LIMIT					
WC STATU-TORY LIMITS	OTH-ER																	
E.L. EACH ACCIDENT																		
E.L. DISEASE-EA EMPLOYEE																		
E.L. DISEASE-POLICY LIMIT																		
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	<table border="1"><tr><td>Limit (1)</td><td>\$10,000,000</td></tr><tr><td>deductible (1)</td><td>\$2,500,000</td></tr></table>	Limit (1)	\$10,000,000	deductible (1)	\$2,500,000								
Limit (1)	\$10,000,000																	
deductible (1)	\$2,500,000																	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER**CANCELLATION**

Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35 Wilmington DE 19801 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>

Attachment to ACORD Certificate for Building Materials Holding Corporation

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Building Materials Holding Corporation
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035123026



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

INSURED
C Construction, Inc
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.
AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 deductible (1) \$2,500,000

Certificate No : 570035122613

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Attachment to ACORD Certificate for C Construction, Inc

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

C Construction, Inc
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122613



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122

FAX-(847) 953-5390

INSURED
H.N.R. Framing Systems, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.
AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 Deductible (1) \$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc

Certificate No : 570035122635

Attachment to ACORD Certificate for H.N.R. Framing Systems, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

H.N.R. Framing Systems, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122635



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

INSURED
Illinois Framing, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1)	\$10,000,000
						Deductible (1)	\$2,500,000

Certificate No : 570035122579

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Attachment to ACORD Certificate for Illinois Framing, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Illinois Framing, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122579



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122

FAX-(847) 953-5390

INSURED
SelectBuild Southern California, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1)	\$10,000,000
						Deductible (1)	\$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Certificate No : 570035122599

Attachment to ACORD Certificate for selectBuild Southern California, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Southern California, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122599



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE: (866) 283-7122

FAX: (847) 953-5390

INSURED
SelectBuild Arizona, LLC
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER	NAIC #
INSURER A: Arch Insurance Company	11150
INSURER B: AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C: Federal Insurance Company	20281
INSURER D: Zurich American Ins Co	16535
INSURER E: XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 Deductible (1) \$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Certificate No : 570035122651

Attachment to ACORD Certificate for SelectBuild Arizona, LLC

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Arizona, LLC
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445

INSURER

INSURER

INSURER

INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122651



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122

FAX-(847) 953-5390

INSURED
SelectBuild Construction, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.
AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY : AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 Deductible (1) \$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

ACORD 25 (2009/01)

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Certificate No : 570035122502

Attachment to ACORD Certificate for selectBuild Construction, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Construction, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445

INSURER

INSURER

INSURER

INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122502



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER
Aon Risk Insurance Services West, Inc.
Los Angeles CA Office
707 Wilshire Boulevard
Suite 2600
Los Angeles CA 90017-0460 USA

PHONE-(866) 283-7122

FAX-(847) 953-5390

INSURED
SelectBuild Illinois, LLC
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

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INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	Arch Insurance Company	11150
INSURER B:	AIG Excess Liability Insurance Co. Ltd.	10932
INSURER C:	Federal Insurance Company	20281
INSURER D:	Zurich American Ins Co	16535
INSURER E:	XL Specialty Insurance Co	37885

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1)	\$10,000,000
						Deductible (1)	\$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

Office of the U.S. Trustee
844 King Street
Suite 2207
Lockbox 35
Wilmington DE 19801 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.

AUTHORIZED REPRESENTATIVE

Aon Risk Insurance Services West, Inc.

Certificate No : 570035122663

Attachment to ACORD Certificate for selectBuild Illinois, LLC

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

selectBuild Illinois, LLC
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445

INSURER

INSURER

INSURER

INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122663



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	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 POLICIES BELOW.
PHONE-(866) 283-7122 FAX-(847) 953-5390	INSURERS AFFORDING COVERAGE
INSURED SelectBuild Northern California, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA	NAIC #
	INSURER A: Arch Insurance Company 11150
	INSURER B: AIG Excess Liability Insurance Co. Ltd. 10932
	INSURER C: Federal Insurance Company 20281
	INSURER D: Zurich American Ins Co 16535
	INSURER E: XL Specialty Insurance Co 37885

Holder Identifier :

COVERAGES SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY : EA ACC AGO
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1) \$10,000,000 Deductible (1) \$2,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35 Wilmington DE 19801 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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. AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West Inc</i>
--	--

Certificate No : 570035122587

Attachment to ACORD Certificate for selectbuild Northern California, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Northern California, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122587



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA PHONE-(866) 283-7122 FAX-(847) 953-5390	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 POLICIES BELOW.												
INSURED SelectBuild Nevada, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA	<table border="1"><thead><tr><th>INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B: AIG Excess Liability Insurance Co. Ltd.</td><td>10932</td></tr><tr><td>INSURER C: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER D: Zurich American Ins Co</td><td>16535</td></tr><tr><td>INSURER E: XL Specialty Insurance Co</td><td>37885</td></tr></tbody></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: AIG Excess Liability Insurance Co. Ltd.	10932	INSURER C: Federal Insurance Company	20281	INSURER D: Zurich American Ins Co	16535	INSURER E: XL Specialty Insurance Co	37885
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Holder Identifier :

COVERAGES SIR applies per terms and conditions of the policy

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LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td></td></tr><tr><td>MED EXP (Any one person)</td><td></td></tr><tr><td>PERSONAL & ADV INJURY</td><td></td></tr><tr><td>GENERAL AGGREGATE</td><td></td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td></td></tr></table>	EACH OCCURRENCE		DAMAGE TO RENTED PREMISES (Ea occurrence)		MED EXP (Any one person)		PERSONAL & ADV INJURY		GENERAL AGGREGATE		PRODUCTS - COMP/OP AGG	
EACH OCCURRENCE																		
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PRODUCTS - COMP/OP AGG																		
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT		E.L. DISEASE-EA EMPLOYEE		E.L. DISEASE-POLICY LIMIT					
WC STATU-TORY LIMITS	OTH-ER																	
E.L. EACH ACCIDENT																		
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E.L. DISEASE-POLICY LIMIT																		
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	<table border="1"><tr><td>Limit (1)</td><td>\$10,000,000</td></tr><tr><td>Deductible (1)</td><td>\$2,500,000</td></tr></table>	Limit (1)	\$10,000,000	Deductible (1)	\$2,500,000								
Limit (1)	\$10,000,000																	
Deductible (1)	\$2,500,000																	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER**CANCELLATION**

Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35 Wilmington DE 19801 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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. AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West Inc</i>
--	--

ACORD 25 (2009/01)

The ACORD name and logo are registered marks of ACORD

©1988-2009 ACORD CORPORATION. All rights reserved

Certificate No : 570035122643

Attachment to ACORD Certificate for SelectBuild Nevada, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

SelectBuild Nevada, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
B		D&O- Excess	3161903	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122643



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2009

PRODUCER Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	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 POLICIES BELOW.												
PHONE -(866) 283-7122 FAX -(847) 953-5390													
INSURED TWF Construction, Inc. Four Embarcadero Center Suite 3200 San Francisco CA 94111-4106 USA	<table border="1"><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B: AIG Excess Liability Insurance Co. Ltd.</td><td>10932</td></tr><tr><td>INSURER C: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER D: Zurich American Ins Co</td><td>16535</td></tr><tr><td>INSURER E: XL Specialty Insurance Co</td><td>37885</td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: AIG Excess Liability Insurance Co. Ltd.	10932	INSURER C: Federal Insurance Company	20281	INSURER D: Zurich American Ins Co	16535	INSURER E: XL Specialty Insurance Co	37885
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INSURER D: Zurich American Ins Co	16535												
INSURER E: XL Specialty Insurance Co	37885												

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

THE POLICIES 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	
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						GENERAL AGGREGATE	
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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
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						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
F		OTHER D&O- Primary	5757381	06/04/2008	06/04/2010	Limit (1)	\$10,000,000
						Deductible (1)	\$2,500,000

Certificate No : 570035122625

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER**CANCELLATION**

Office of the U.S. Trustee 844 King Street Suite 2207 Lockbox 35 Wilmington DE 19801 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES 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.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>

ACORD 25 (2009/01)

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Attachment to ACORD Certificate for TWF Construction, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

TWF Construction, Inc.
Four Embarcadero Center
Suite 3200
San Francisco CA 94111-4106 USA

INSURER F National Union Fire Ins Co of Pittsburgh 19445
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		OTHER					
A		D&O- Excess	DOX000722103	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
D		D&O- Excess	DOC967016200	06/04/2008	06/04/2010	Limit of Liability-Ea	\$10,000,000
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E		D&O- Excess	ELU10511908	06/04/2008	06/04/2010	Limit of Liability-Ea	\$15,000,000
C		D&O- Excess	82102232	06/04/2008	06/04/2010	Limit of Liability-E	\$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate No :

570035122625

AREAS OF SELF-INSURANCE WITH LIABILITY CAPS

Building Materials Holding Corporation, et al.
Self-Insurance with Liability Caps

	SIR
Workers Compensation – WA Only	\$ 500,000
Workers Compensation – All Other States	\$ 2,000,000
Auto Liability	\$ 1,000,000
General Liability	\$ 2,000,000
Pollution Legal Liability	\$ 1,000,000
Contractor's Pollution Liability	\$ 1,000,000
Property	\$ 250,000
Employment Practices Liability	\$ 1,000,000

EVIDENCE OF DEBTOR IN POSSESSION BANK ACCOUNTS

(Cash Management Order)

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

IN RE:)	
)	Chapter 11
BUILDING MATERIALS HOLDING CORPORATION, <i>et al.</i>,¹)	Case No. 09-12074 (KJC)
)	
Debtors.)	Jointly Administered
)	
)	Ref. Docket No. 8

**ORDER (I) AUTHORIZING (A) CONTINUED USE OF EXISTING CASH
MANAGEMENT SYSTEM, BANK ACCOUNTS AND BUSINESS FORMS; AND (B)
CONTINUED ORDINARY COURSE INTERCOMPANY TRANSACTIONS; AND (II)
GRANTING EXTENSION OF TIME TO COMPLY
WITH SECTION 345(B) OF THE BANKRUPTCY CODE**

Upon consideration of the motion (the "*Motion*") of Building Materials Holding Corporation and its affiliates, as debtors and debtors in possession (collectively, the "*Debtors*"), for entry of an order (I) authorizing the Debtors to (a) continue using their cash management system, bank accounts and business forms, and (b) continue intercompany transactions in the ordinary course of business; and (II) granting extension of time to comply with section 345(b) of the Bankruptcy Code, all as set forth in the Motion; and upon the Street Declaration² in support thereof; and the Court having found that venue of this proceeding and the Motion in this district is proper pursuant to 28 U.S.C. sections 1408 and 1409; and the Court having found that the relief requested in the Motion is in the best interests of the Debtors' estates, their creditors, and

¹ The Debtors, along with the last four digits of each Debtor's tax identification number, are as follows: Building Materials Holding Corporation (4269), BMC West Corporation (0454), SelectBuild Construction, Inc. (1340), SelectBuild Northern California, Inc. (7579), Illinois Framing, Inc. (4451), C Construction, Inc. (8206), TWF Construction, Inc. (3334), H.N.R. Framing Systems, Inc. (4329), SelectBuild Southern California, Inc. (9378), SelectBuild Nevada, Inc. (8912), SelectBuild Arizona, LLC (0036), and SelectBuild Illinois, LLC (0792). The mailing address for the Debtors is 720 Park Boulevard, Suite 200, Boise, Idaho 83712.

² Capitalized terms used herein but not otherwise defined herein shall have the meanings ascribed to them in the Motion.

other parties in interest; and notice of the Motion and the opportunity for a hearing on the Motion was appropriate under the particular circumstances; and the Court having reviewed the Motion and having considered the statements in support of the relief requested therein at a hearing before the Court (the "*Hearing*"); and the Court having determined that the legal and factual bases set forth in the Motion and at the Hearing establish just cause for the relief granted herein; and upon all of the proceedings had before the Court; and after due deliberation and sufficient cause appearing therefor,

IT IS HEREBY ORDERED:

1. The Motion is granted as set forth below.
2. Subject to the provisions of this Order, the Debtors are authorized to maintain and use the Cash Management System as described in the Motion.
3. The Debtors are authorized to: (a) continue to use, with the same account numbers, the Bank Accounts in existence on the Petition Date, including, without limitation, those accounts identified on *Exhibit C*, which was attached to the Motion; (b) treat the Bank Accounts for all purposes as accounts of the Debtors as debtors in possession; and (c) use, in their present form, all Business Forms without reference to their status as debtors in possession; *provided* that the Debtors will (i) print the legend "Debtor-in-Possession" on all of the checks they print in-house beginning no later than ten business days from the date of this Order, (ii) instruct ADP to print the legend "Debtor-in-Possession" on all of the payroll checks it distributes beginning no later than ten business days from the date of this Order, and (iii) replace their existing stock of pre-printed checks and other pre-printed Business Forms with new forms identifying their status as debtors in possession as existing forms are depleted.

4. Except as otherwise provided in this Order, the Banks are authorized to continue to service and administer the Bank Accounts as accounts of the Debtors as debtors in possession, without interruption and in the ordinary course, and to receive, process, honor, and pay any and all checks, drafts, wires, and automated clearing house transfers issued and drawn on the Bank Accounts after the Petition Date by the holders or makers thereof, as the case may be.

5. Each of the Debtors' Banks is authorized to debit the Debtors' accounts in the ordinary course of business without the need for further order of this Court for: (a) all checks drawn on the Debtors' accounts which are cashed at such Bank's counters or exchanged for cashier's checks by the payees thereof prior to the Petition Date; (b) all checks or other items deposited in one of Debtors' accounts with such Bank prior to the Petition Date which have been dishonored or returned unpaid for any reason, together with any fees and costs in connection therewith, to the same extent the Debtors were responsible for such items prior to the Petition Date; and (c) all undisputed prepetition amounts outstanding as of the date hereof, if any, owed to any Bank as service charges for the maintenance of the Cash Management System.

6. Any of the Debtors' Banks may rely on the representations of the Debtors with respect to whether any check or other payment order drawn or issued by the Debtors prior to the Petition Date should be honored pursuant to this or any other order of this Court, and such Bank shall not have any liability to any party for relying on such representations by the Debtors as provided for herein.

7. The Banks are authorized to charge, and the Debtors are authorized to pay, honor, or allow the Bank Fees, and charge back returned items to the Bank Accounts in the ordinary course of business.

8. The Debtors are authorized to open any new Bank Accounts or close any existing Bank Accounts as they may deem necessary and appropriate in their sole discretion; *provided, however*, that the Debtors give prompt notice to the Office of the United States Trustee for Region Three and any statutory committees appointed in the Chapter 11 Cases; *provided, further*, that the Debtors shall comply with paragraphs 10 and 11 of this Order, with their obligations under such paragraphs running from the date new accounts are opened (not the date this Order was entered).

9. For each of the Banks at which the Debtors have accounts holding Debtor funds that are party to a Uniform Depository Agreement with the U.S. Trustee, the Debtors shall, within 15 days after the date of entry of this Order, (a) contact each Bank, (b) provide each of the Debtors' employer identification numbers, and (c) identify each such account as being held by a debtor in possession in a bankruptcy case.

10. For each of the Banks at which the Debtors have accounts holding Debtor funds that are not party to a Uniform Depository Agreement with the U.S. Trustee, the Debtors shall use their good faith efforts to cause the Bank to execute a Uniform Depository Agreement in a form prescribed by the U.S. Trustee within 30 days of the date of this Order. The U.S. Trustee's rights to seek further relief from this Court on notice in the event that the aforementioned Banks are unwilling to execute a Uniform Depository Agreement in a form prescribed by the U.S. Trustee are fully reserved.

11. The Debtors' time to come into compliance with section 345(b) of the Bankruptcy Code is hereby extended for a period of 60 days from the Petition Date; *provided, however*, that such extension is without prejudice to the Debtors' right to request a further extension or the waiver of the requirements of section 345(b) in these cases.

12. The Debtors are authorized to continue performing Intercompany Transactions in the ordinary course of business and to honor and pay obligations in connection with the Intercompany Transactions; *provided, however*, that the Debtors shall maintain records in the ordinary course of business reflecting transfers of cash, if any, including Intercompany Transactions, so as to permit all such transactions to be ascertained.

13. The Banks are authorized to pay obligations in accordance with this or any separate order of the Court.

14. Except as otherwise provided in this Order or in a separate order of the Court, the Banks shall not honor or pay any bank payments drawn on the listed Bank Accounts or otherwise issued prior to the Petition Date.

15. The Debtors are authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Motion.

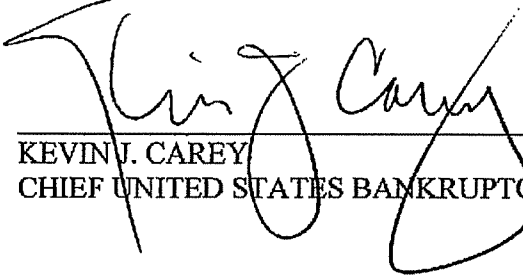
16. Rule 6003(b) of the Federal Rules of Bankruptcy Procedure (the "*Bankruptcy Rules*") has been satisfied.

17. Notice of the Motion as provided therein shall be deemed good and sufficient notice of such motion and the requirements of applicable rules.

18. Pursuant to Bankruptcy Rule 6004(h), the terms and conditions of this Order shall be immediately effective and enforceable upon its entry.

19. This Court shall retain jurisdiction with respect to all matters arising from or relating to the interpretation or implementation of this Order.

Dated: Wilmington, Delaware
June 17, 2009



KEVIN J. CAREY
CHIEF UNITED STATES BANKRUPTCY JUDGE

SUMMARY OF RETAINERS PAID

Case No. 09 - 12074

Debtor

Reporting Period: June 16th, 2009

SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer)

	Payee	Check		Name of Payor	Amount	Amount Applied to Date	Balance
		Date	Number				
	Gibson Dunn & Crutcher	01/16/09	Wire	Building Materials Holding Corp	250,000	250,000	-
	Gibson Dunn & Crutcher	04/10/09	Wire	Building Materials Holding Corp	100,000	100,000	-
	Gibson Dunn & Crutcher	06/11/09	Wire	Building Materials Holding Corp	750,000	50,000	700,000
	Alvarez & Marsal	02/28/08	Wire	Building Materials Holding Corp	250,000	57,536	192,464
	Alvarez & Marsal	06/15/09	Wire	Building Materials Holding Corp	400,000	-	400,000
	Peter J Solomon Company	04/16/09	Wire	Building Materials Holding Corp	200,000	-	200,000
	Garden City Group, Inc.	05/01/09	Wire	Building Materials Holding Corp	25,000	-	25,000
	Young Conaway Stargatt & Taylor	04/27/09	Wire	Building Materials Holding Corp	125,000	51,728	73,272
	Kelst & Company	03/27/09	Wire	Building Materials Holding Corp	90,000	30,852	59,148
	PriceWaterhouseCoopers LLP	05/08/09	Wire	Building Materials Holding Corp	150,000	98,143	51,857
	PriceWaterhouseCoopers LLP	06/15/09	Wire	Building Materials Holding Corp	100,000	-	100,000
				TOTALS	2,440,000	638,259	1,801,741

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

BUILDING MATERIALS HOLDING
CORPORATION, *et al.*,¹

Debtors.

Chapter 11


Case No. 09-12074 (KJC)

Jointly Administered

AFFIDAVIT OF SERVICE

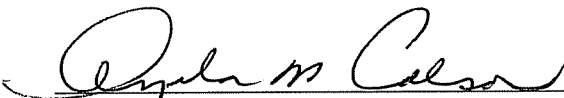
STATE OF DELAWARE)
) SS
NEW CASTLE COUNTY)

Casey S. Cathcart, an employee of the law firm of Young Conaway Stargatt & Taylor, LLP, proposed co-counsel to the above-captioned debtors, being duly sworn according to law, deposes and says that on June 30, 2009, she caused a copy of the **Initial Monthly Operating Report** to be served as indicated upon the parties identified on the attached service list.



Casey S. Cathcart

SWORN TO AND SUBSCRIBED before me this 30th day of June, 2009.



Notary Public
My Commission Expires:

ANGELA M. COLSON
NOTARY PUBLIC
STATE OF DELAWARE
My commission expires Aug. 31, 2011

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BUILDING MATERIALS HOLDING CORPORATION, *et al.*
MONTHLY OPERATING REPORT SERVICE LIST

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