



Attn: Recommendation Compliance  
 Mail To: Tower Group Companies 120 Broadway, 31st Floor New York, NY 10271  
 Email To: uwfax2070@twrgp.com  
 Fax To: (212) 655-2070  
 Telephone: (212) 655-2000

Date	April 13, 2011	Policy Number	
		Inception Date	
		Company	Mountain Valley
Insured		Producer	M & M ASSURANCE GROUP, INC. (917300)
Mailing Address		File Pending	May 13, 2011
		Location Address	

### Recommendations

Recently, a representative of Tower Group Companies' Loss Control Department or one of our independent Loss Control Inspection vendors conducted an inspection of your premises/operations at the location address listed above. As a result of that inspection, the following recommendations are being submitted. These recommendations\* are intended to assist you with reducing hazards and/or exposures which can lead to potential claims.

1.) "Effective April 22nd 2010 all general contractors, painters, plumbers, residential property owners and managers, including maintenance personnel, carpenters and electricians must be certified in EPA 40-CFR 745.80, Subpart E, RRP that would be performing renovation, repair and painting projects that disturb lead-based paint in pre-1978 residential facilities, child care facilities, and schools and must follow specific work practices to prevent lead paint contamination on the jobs, being containment, minimizing dust and thoroughly cleaning up." Obtain and submit documentation of certification / recertification (i.e. copy of certificate) from an EPA-accredited training provider

These recommendations are considered necessary for continued coverage of your insurance policy, and they should be implemented and completed within thirty (30) days of the date of this letter. Non-compliance of these recommendations may result in a cancellation or non-renewal of your policy. If you have any questions, please contact your agent or broker.

\* All receipts, invoices, certificates, and/or photos must accompany this letter as proof of recommendation compliance to Tower Group Companies. Please note, sending photos via facsimile is not recommended, since received photos are generally in poor quality and may be declined.

### Statement of Compliance

The improvements recommended above have been made, and the appropriate documentation of proof is attached to this letter.

\_\_\_\_\_  
 Insured's Name (Please Print)

\_\_\_\_\_  
 Insured's Signature

\_\_\_\_\_  
 Date