



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

61;14237

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Eqtfgnn ("Eqorcp{"Kpuwtcpeg"Cigpe{ R"Q"Dqz"3434;  Hqtv"Yqtvj VZ 98332/:34;	CONTACT NAME:	PHONE (A/C. No. Ext): * : 39+; 46/6458		FAX (A/C. No): * : 39+; 43/2392	
	E-MAIL ADDRESS: eqtfgnnBeqtfgnnkpuwtcpeg0eqo				
INSURED Itqxgu"Oqxkpi" ("Uvqtcig"Eqorcp{"Kpe0 ROQ0"Dqz"4247  Jctnkpigg VZ 9:773			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A : Ugewtkv{"Pcvn"Kpu"Eq01RJ		
			INSURER B : Vgejpnqi{"Kpuwtcpeg"Eqorcp{		
			INSURER C : Pcvn"Wpkqp"Hktg"Kpu1Rcwn"Jcpug		
			INSURER D : Ygueq"Kpuwtcpeg"Eqorcp{1Rcwn"Jcpugp		
			INSURER E : Pgy"Jcorujktg"Kpu0"Eq01Rcwn"Jc		
			INSURER F :		

## COVERAGES

CERTIFICATE NUMBER: 37138"Wpkitqwr"egt

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			URR332;;4223	613214237	613214238	EACH OCCURRENCE \$ 3.222.222 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 322.222 MED EXP (Any one person) \$ 7.222 PERSONAL & ADV INJURY \$ 3.222.222 GENERAL AGGREGATE \$ 4.222.222 PRODUCTS - COMP/OP AGG \$ 4.222.222
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			VRR328222323	613214237	613214238	COMBINED SINGLE LIMIT (Ea accident) \$ 3.222.222 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ :7.222
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 47.222			4;/WF/2224:62:8/:	613214237	613214238	EACH OCCURRENCE \$ 4.222.222 AGGREGATE \$ 4.222.222
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			YYE534:248;	414614237	414614238	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3.222.222 E.L. DISEASE - EA EMPLOYEE \$ 3.222.222 E.L. DISEASE - POLICY LIMIT \$ 3.222.222
G	Ectiq"Nkcdknkv{ Yctgjqwug"Ngicn"Nkcdknkv{			23/NZ/22:;;;377/;	613214237	613214238	\$250,000/ \$500,000 Rgt"Vtm1"Qee Goods in Storage &4.972.222

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wpkitqwr. "Kpe0" ("uwdukfctkgtku"ku"cffgfcu"cffkvkqpcn"kpwtgfykvj"tgurgev"vq"igpgtcn"nkcdknkv{"rgt"EI4248"26"35."cwwq"nkcdknkv{"rgt"EC426:"24";;."yctgjqwug"ngicn"nkcdknkv{"cpf"ectiq"nkcdknkv{"rgt"vjpg"Oqxkpi"cpf"Uvqtcig"Eqxgtcig"Gpftugogpv"Hqto."hqt"eqpvtcev"ykvj"kpwtgfy="uwdlgev"vq"cnn"rqanke{"vgtou"cpf"rtqkukqpu"cpf"ngicn"nkcdknkv{"guvcdnkujgf"kp"vjpg"cipgv"citggogpv0""52/fc{"pqvkeg"qh"ecpegnncvkqp"rtqkfgf"hqt"IN"("Cwwq"rgt"cvvcejgf"hgto0"52/fc{"pqvkeg"qh"ecpegnncvkqp"rtqkfgf"hgto"KO"rgt"cvvcejgf"hgto"32:75:0""Eqxgtcig"kpenwfgu"cnn"uvcvgu"eqxgtcig"cpf"ecuwcn"ncdqt"ku"kpenwfgf"hgto"cnn"uvcvgu"gzegrv"hgto"vjpg"oqpqrqnkvke"uvcvgu<"QJ."PF."YC"cpf"Y[0"52/fc{"pqvkeg"qh"ecpegnncvkqp"rtqkfgf"rgt"cvvcejgf"hgto"YE"

## CERTIFICATE HOLDER

## CANCELLATION

<p>""</p> <p>""</p> <p>""</p> <p>Sample Certificate</p> <p>""</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Milton Cordell/DGB </p>
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