

DSHEWELL

500,000

150,000



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/6/2019

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.

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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										CONTACT NAME:						
Maury, Donnelly & Parr										PHONE (A/C, No, Ext): (410) 685-4625 FAX (A/C, No): (410) 685-					685-3071	
24 Commerce St. Baltimore, MD 21202										E-MAIL ADDRESS:						
											INSURER(S) AFFORDING COVERAGE					
										INSURER A : Arch Insurance Company					NAIC #	
INSURED											INSURER B : State Auto Insurance Companies#					
Four Twelve Development											INSURER B : State Auto Insurance Companies# INSURER C : Chesapeake Employers Insurance					
						ue, Suite #5				INSURER D : Great American Insurance Company#					16691	
		E	Baltimore	e, MI	D 2	1218				INSURER E :					10001	
											INSURER F:					
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF IN:										HAVE B	EEN ISSUED	TO THE INSUF		ГНЕ РО	LICY PERIOD	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH 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	•				E	ADDL	DL SUBR DD WVD POLICY NUMBER			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	Х	СОММ	ERCIAL GE	ENER	AL L	IABILITY	IIIOD				(MINIOS) I I I I I	(WINE DOTT TO TO	EACH OCCURRENCE	\$	2,000,000	
		С	LAIMS-MAI	DE [	Χ	OCCUR			SGL0000657-00		10/21/2019	10/21/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	150,000	
													MED EXP (Any one person)	\$	10,000	
													PERSONAL & ADV INJURY	\$	2,000,000	
	GEI	N'I AGGI	REGATE LI	ІМІТ А	PPI	IES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLIC		RO- CT		LOC							PRODUCTS - COMP/OP AGG	s	2,000,000	
		OTHER		.01									TRODUCTO - COIVIL / CL. ACC	s		
B AUTOMOBILE LIABILITY													COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							10008614CA		11/9/2019	11/9/2020	BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)				T T				
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY									PROPERTY DAMAGE (Per accident)	\$				
		AUTOS ONLY AUTOS ONLY		TOS ONLY							(Fel accident)	\$				
		UMBRELLA LIAB OCCUR			OCCUR							EACH OCCURRENCE	\$			
	EXCESS I											AGGREGATE	\$			
		DED RETENTION \$				1						AGGNEGATE	\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY												X PER OTH-ER	Ψ		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   Y / N								5325456		6/14/2019	6/14/2020	E.L. EACH ACCIDENT	\$	500,000	
	OFF	DFFICER/MEMBER EXCLUDED?					N/A								500,000	
	,		,				1	1			I	I	E.L. DISEASE - EA EMPLOYER	Φ .	•	

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

IMP E483743 00

CERTIFICATE HOLDER	CANCELLATION				
For Information Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE				

6/7/2019

6/7/2020

If yes, describe under
DESCRIPTION OF OPERATIONS below
Leased/Rented Equip

E.L. DISEASE - POLICY LIMIT