

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
**01/10/2007**PRODUCER **(410)992-5700** FAX **(410)992-7577**  
**Patuxent Insurance Group, LLP**  
**10715 Charter Drive, Suite 130**  
**Columbia, MD 21044**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 **Bolton Partners, Inc.**  
**575 S. Charles St Ste 500**  
**Baltimore, MD 21201-2483**

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **West American Insurance Co.**  
INSURER B: **American Fire & Casualty**  
INSURER C: **Ohio Casualty Insurance Co**  
INSURER D: **Philadelphia Insurance Companies**  
INSURER E:**44393**  
**24066**

## 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	<b>BZW53153469</b>	<b>01/01/2004</b>	<b>01/01/2008</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person) \$ <b>10,000</b>				
	GEN'L AGGREGATE LIMIT APPLIES PER:	PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
B		AUTOMOBILE LIABILITY	<b>BAA53153469</b>	<b>01/01/2007</b>	<b>01/01/2008</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<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				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
C		EXCESS/UMBRELLA LIABILITY	<b>UB053153469</b> <b>UMBRELLA INCLUDES</b> <b>EXCESS OVER WORKERS</b> <b>COMPENSATION</b>	<b>01/01/2007</b>	<b>01/01/2008</b>	EACH OCCURRENCE \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE \$ <b>2,000,000</b>				
	<input type="checkbox"/> DEDUCTIBLE	\$				
	<input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	\$				
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>XWW53153469</b>	<b>01/01/2007</b>	<b>01/01/2008</b>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
	If yes, describe under SPECIAL PROVISIONS below	E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
		E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				
D		OTHER <b>Professional Liability</b>	<b>PHSD248556</b> <b>RETRO-ACTIVE DATE</b>	<b>04/10/2007</b> <b>Full Prior</b>	<b>04/10/2008</b> <b>Acts</b>	<b>Claims Made</b>
		<b>Aggregate Limit - \$8,000,000</b>				

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

## CERTIFICATE HOLDER

## CANCELLATION

Verification of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
\_\_\_\_\_ 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Frank Taliano - 802/F802**

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.