	ACORD	CERTIFI	CATE OF LIAB	ILITY IN	SURANC	E	DATE (MM/DD/YYYY 11/03/2009	
	1166	th USA, Inc. Avenue of the Americas York, NY 10036		HOLDER.	ND CONFERS N THIS CERTIFIC	SSUED AS A MATTER OF RIGHTS UPON THE ATE DOES NOT AME FFORDED BY THE POL	OF INFORMATION HE CERTIFICATE	
	027947-FINP-I	IndEO-09-10		INSURERS AF	FORDING COVER	RAGE	NAIC#	
	INSURED					Surety Company Of	31194	
	1633	an Stanley Smith Barney Broadway		INSURER B:	nore cadadity / ind	Carety Company Of	31194	
	New '	York, NY 10019		INSURER C:				
				INSURER D:				
				INSURER E:				
	COVERAGES						0	
	MAY BE ISS CONDITION:	BUED OR MAY PERTAIN. THE	D BELOW HAVE BEEN ISSUED F, TERM OR CONDITION OF ANY C INSURANCE AFFORDED BY THE F EGATE LIMITS SHOWN MAY HAVE E	CONTRACT OR OTH	ER DOCUMENT WIT	THE DECREOT TO MULICILITY	THE OFFICE	
	NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)			AITS	
		AL LIABILITY				EACH OCCURRENCE	\$	
	CC	OMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurrence)	\$	
		CLAIMS MADE OCCUR			-	MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	
		AL AGGREGATE LIMIT APPLIES PE	3			PRODUCTS - COMP/OP AGE	\$ G¢	
Ļ		OLICY JECT LOC				THOUGHTO - COMPTOP AGE	95	
		OBILE LIABILITY Y AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		OWNED AUTOS				BODILY INJURY	\$	
1		HEDULED AUTOS RED AUTOS				(Per person) BODILY INJURY	s	
	NOI	N-OWNED AUTOS				(Per accident) PROPERTY DAMAGE		
-	GARAGE	LIABILITY				(Per accident) AUTO ONLY - EA ACCIDENT	\$	
	ANY	/ AUTO				OTHER THAN EA ACC	\$	
L						AUTO ONLY:	\$	
	EXCESS	/ UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	00	CCUR CLAIMS MADE				AGGREGATE	\$	
	DE	DUCTIBLE					\$	
	RE	TENTION \$					\$	
Г	WORKERS COM	PENSATION AND				WC STATU- OTH-	\$	
	ANY PROPRIET	OR/PARTNER/EXECUTIVE Y / N				TORY LIMITS FR	\$	
	Commence of the second	BER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
L		f) If yes, describe under SIONS below				E.L. DISEASE - POLICY LIMIT	\$	
A	OTHER Errors & Omi	issions Insurance	105218422	05/31/2009	01/31/2010	\$15,000,000 Limit Deductible: \$100,000		
D	ESCRIPTION OF OP	PERATIONS/LOCATIONS/VEHICLES	EXCLUSIONS ADDED BY ENDORSEMEN	 NT/SPECIAL PROVISION	NS .			
_	EDTIFICATE	OI DEB	2000 40 40 40 40 4					
U	ERTIFICATE H	OLDEK NYC-0	03949426-01	CANCELLATIO	DN .			
				SHOULD ANY OF	THE ABOVE DESCRIB	ED POLICIES BE CANCELLED	BEFORE THE	
	County o	of Hanover	W.			UING INSURER WILL ENDEA		
		unty Complex Road , VA. 23069				CERTIFICATE HOLDER NAMED		
				BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND				
				UPON THE AUTHORIZED REPRESENT, of Marsh USA Inc. Lisa K. Laughlin	INSURER, ITS	AGENTS OR REPRI	ESENTATIVES.	
A	CORD 25 (2009)	/01)			1998-2009 ACO	RD CORPORATION AIL	Bighta Bassar d	

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

This Certificate of Insurance 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.

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27947-MS- NSURED MC An 16 Ne COVERAGE THE PO NOTWITH MAY BE CONDITH SR ADD'L IR INSRD GEN	OLICIES OF INSURANCE LISTED HSTANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE I ONS OF SUCH POLICIES. AGGREG TYPE OF INSURANCE NERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	D BELOW HAVE BEEN ISSUED TO THE POINT OF ANY CONSURANCE AFFORDED BY THE POINT OF ANY ENTRY SHOWN MAY HAVE BEEN POLICY NUMBER	ONLY AND HOLDER. TI ALTER THE INSURERS AFFO INSURER B: National INSURER C: National INSURER D: National INSURER E: TO THE INSURED NTRACT OR OTHER LICIES DESCRIBED H	CONFERS NO HIS CERTIFICA' COVERAGE AFF RDING COVERA Mercury Insurance Union Fire Ins Co Union Fire Ins Co Union Fire Ins Co	ee Company Dittsburgh PA	E CERTIFICATE ID, EXTEND OR CIES BELOW. NAIC # 24791 19445 19445 19445 10D INDICATED. HIS CERTIFICATE XCLUSIONS AND
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COVERAGE THE PO NOTWITH MAY BE CONDITHE INSRD GEN GEN	Ad All Its Subsidiaries and Affiliat 33 Broadway 25 W York, NY 10019 ES DLICIES OF INSURANCE LISTED HSTANDING ANY REQUIREMENT, ISSUED OR MAY PERTAIN, THE I ONS OF SUCH POLICIES. AGGREG TYPE OF INSURANCE WERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	D BELOW HAVE BEEN ISSUED TERM OR CONDITION OF ANY CO NSURANCE AFFORDED BY THE POI GATE LIMITS SHOWN MAY HAVE BEI	INSURER B: National INSURER C: National INSURER D: National INSURER E: TO THE INSURED NTRACT OR OTHER LICIES DESCRIBED I- EN REDUCED BY PAI I POLICY EFFECTIVE	Union Fire Ins Co Union Fire Ins Co Union Fire Ins Co Union Fire Ins Co NAMED ABOVE DOCUMENT WITH HEREIN IS SUBJECT D CLAIMS.	Pittsburgh PA Dittsburgh PA Di	19445 19445 19445 10D INDICATED. HIS CERTIFICATE XCLUSIONS AND
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R INSRD GEN	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	POLICY NUMBER			EACH OCCURRENCE DAMAGE TO RENTED	\$
GEN	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	9			DAMAGE TO RENTED	\$
	CLAIMS MADE OCCUR	3				100
		9			MED EXP (Any one person)	s
	LEDAL ACCRECATE LIMIT APPLIES DEF				PERSONAL & ADV INJURY	S
	IEDAL ACODECATE LIMIT APPLIES DES				GENERAL AGGREGATE	\$
AUT	NERAL AGGREGATE LIMIT APPLIES PER	3			PRODUCTS - COMP/OP AGO	\$
10000000	POLICY JECT LOC TOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
GAR	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$
EXC	ESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
	DEDUCTIBLE					s
	RETENTION \$					\$
	COMPENSATION AND				WC STATU- OTH-	¢
ANY PROP	RIETOR/PARTNER/EXECUTIVE Y / N				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$
1	in NH) If yes, describe under ROVISIONS below			1	E.L. DISEASE - POLICY LIMIT	
SPECIAL PI		490PB2355	09/01/2009	09/01/2010	\$150,000,000 Limit	L
Institution	n Bond	01-151-91-47	09/01/2009	09/01/2010 09/01/2010	\$15,000,000 Deductible	Э
		01-151-91-47 01-151-90-99	09/01/2009	09/01/2010		

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CER	HILL	CAIL	TOL	DER

NYC-003949092-01

CANCELLATION

County of Hanover 7497 County Complex Road Hanover, VA. 23069

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 USA Inc.
Steve Toscano

IMPORTANT

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ADDITIONAL INFORMATION	NYC-003949092-01	DATE (MM/DD/YY) 11/03/2009
PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036		
027947-MS-FUL-09-10	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER F:	
Morgan Stanley And All Its Subsidiaries and Affiliates	INSURER G:	
1633 Broadway New York, NY 10019	INSURER H:	
New TOIK, NT 10019	INSURER I:	
12		

Financial Institution Bond Coverage Continued:

Carrier:National Union Fire Insurance Policy Number: 01-151-91-08 Policy Effective Date: September 1, 2009 Policy Expiration Date: September 1, 2010

CERTIFICATE HOLDER

County of Hanover 7497 County Complex Road Hanover, VA. 23069

> AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Steve Toscano

the no-