



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	
	PHONE (A/C No. Ext.)	(820)338-8282
INSURED	FAX (A/C No. Ext.)	(820)338-8284
	ADDRESS	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A		
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

COVERAGES

CERTIFICATE NUMBER: 00000000-0

REVISION NUMBER: 1

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.

INS LTR	TYPE OF INSURANCE	ADD/ISSR (INS, R/O)	* POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			06/01/2018	06/01/2019	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	SOME AGGREGATE LIMIT APPLIES PER					
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO. ACC.	<input type="checkbox"/> LOC.			
	OTHER					
						EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000
						MED EXP (Per acc/occ) \$ EXCLUDED
						PERSONAL & ADJ INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPOUND \$ 2,000,000
A	AUTOMOBILE LIABILITY			06/01/2018	06/01/2019	
	ANY AUTO					COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input type="checkbox"/> OWNED	<input checked="" type="checkbox"/> SCHEDULED				BODILY INJURY (Per person) \$
	<input type="checkbox"/> AUTO. ONLY	<input type="checkbox"/> AUTO. NON-OWNED				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED	<input type="checkbox"/> AUTO. ONLY				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTO. ONLY					
	UMBRELLA L&B	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS L&B	<input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> EXC	<input type="checkbox"/> RETENTIVE				
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			06/01/2018	06/01/2019	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A			
	DESCRIPTION OF OPERATIONS below					
						PER STATUTE OR CH. EX. \$
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
C				06/01/2018	06/01/2019	Cargo 100,000/1,000 Ded

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

CERTIFICATE HOLDER

CANCELLATION

	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 (CMC)

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