

ACORD

CLAYV-1

OP ID: JW  
DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

06/14/2018

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 OF THE POLICIES LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CERTIFICATE HOLDER AND THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL ENDORSEMENT(S). If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require that the certificate holder execute an assignment of benefits. This certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 800-422-8335 CONTACT NAME: A Jane Wary, CISR  
Main Office PHONE FAX  
B.C. Morrissey Insurance, Inc. (A/C, No, Ext): 800-422-8335 (A/C, No): 717-333-1234  
E-MAIL jane@insuringyourfuture.com  
890 North Reading Rd ADDRESS:  
Ephrata, PA 17522

INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A : SELECTIVE INS CO OF AMERICA 12572

INSURED Clay View Excavating  
1655 Clay Rd  
Ephrata, PA 17522

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE OF THE POLICIES LISTED BELOW. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR AGREEMENT, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CERTIFICATE HOLDER AND THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS.

INSR	ADDL SUBR	POLICY	POLICY EXP
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER (MM/DD/YYYY) EFF (MM/DD/YYYY)
A	[X] X COMMERCIAL GENERAL LIABILITY		

[ ] [ ] CLAIMS-MADE	[X] X OCCUR	S 2329469	DAMAGE TO RENTED	500,000	
[ ]			03/12/2018 03/12/2019	PREMISES (Each occurrence)	
[ ]			MED EXP (Any one person)	\$ 15,000	
[ ]			PERSONAL & ADV INJURY	\$ 1,000,000	

GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE  
PRO- LOC 3,000,000

[ ] POLICY [X] X JECT [ ] PRODUCTS - COMP/OP AGG \$

OTHER:

\$

A AUTOMOBILE LIABILITY

COMBINED SINGLE LIMIT

(Ea accident) \$ 1,000,000

[ ] ANY AUTO Y S 2329469

03/12/2018 03/12/2019 BODILY INJURY (Per person)

OWNED SCHEDULED

[ ] AUTOS ONLY [X] X AUTOS

BODILY INJURY (Per accident) \$

PROPERTY DAMAGE

[X] HIRED AUTOS ONLY [X] X NON-OWNED AUTOS ONLY

(Per accident)

[ ] [ ]

\$

[ ] UMBRELLA LIAB [ ] OCCUR

EACH OCCURRENCE \$

[ ] EXCESS LIAB [ ] CLAIMS MADE

AGGREGATE \$