

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/16/2008

PRODUCER Phone: 585-394-6544 Fax: 585-394-0026

CIG INSURANCE AGENCY
470 SOUTH PEARL STREET
CANANDAIGUA NY 14424THIS 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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

KEVIN ELDER
DBA ELITE FINISHES
1766 BIRCHWOOD DRIVE
FARMINGTON NY 14426

Agency Lic#: BR-547468

INSURER A: Peerless Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

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	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		GENERAL LIABILITY	CBP 8436046	05/09/08	05/09/08	EACH OCCURRENCE \$ 1,000,000		
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ifs occurrence) \$ 100,000		
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person) \$ 15,000		
						PERSONAL & ADV INJURY \$ 1,000,000		
						GENERAL AGGREGATE \$ 2,000,000		
						PRODUCTS-COMP/OP AGG. \$ 2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:						
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
		<input 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 \$			
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$			
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$			
	<input type="checkbox"/> DEDUCTIBLE				\$			
	RETENTION \$				\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STATUTORY LIMITS OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$			
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE \$			
					E.L. DISEASE-POLICY LIMIT \$			
	OTHER:							

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

CERTIFICATE HOLDER

CANCELLATION

Attention: fax to 919-6581

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

R. D. Dillon
John R. Dillon

ACORD 25 (2001/08)

Certificate # 15343

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