

your logo here

Below are copies of our insurances we carry. After the project is accepted, we will email you our certificate of liability if required showing you as additionally insured. In the event that your firm has special wording required, please email your account manager the requirements.

Erie Insurance **RENEWAL CERTIFICATE**

ERIE INSURANCE EXCHANGE
FIVESTAR CONTRACTORS POLICY

02439 **02/29/07 TO 03/15/08** **027 2920172_H**

RUSSETT DECK PROFESSIONALS INC

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED. THE \$500,000 LIMIT OF LIABILITY IS STATED BELOW. THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS AND ENDORSEMENTS.

LIABILITY COVERAGE	
DESCRIPTION	LIMITS OF INSURANCE
EACH OCCURRENCE LIMIT	\$ 500,000
DAMAGE TO PREMISES	500,000 ANY ONE PREMISES
RENTED TO YOU LIMIT	5,000 ANY ONE PERSON
MEDICAL EXPENSE LIMIT	500,000 ANY ONE PERSON OR ORGANIZATION
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000
GENERAL AGGREGATE LIMIT	\$ 1,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000

SCHEDULE OF INSURED'S OPERATIONS

INSURED'S OPERATIONS	STATE	NUMBER OF EMPLOYEES	DEPOSIT PREMIUM
CARPENTRY - GENERAL REMODELING (INCLUDING LIMITED ROOFING)	MD	1 FULL TIME PART TIME	4 INCL
OPTIONAL LIABILITY COVERAGES			
VOLUNTARY PROPERTY DAMAGE LIABILITY - \$ 250 DEDUCTIBLE			4 INCL
\$ 5,000 EACH OCCURRENCE/25,000 AGGREGATE			
TOTAL LIABILITY PREMIUM			4 INCL
TOTAL PROPERTY PREMIUM			4 INCL
TOTAL DEPOSIT PREMIUM			4 INCL

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

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INVOICE **AGENT - Please return this portion with your Policyholder's remittance**

RUSSETT DECK PROFESSIONALS INC

DATE	AMOUNT
03-29-07	312.00
06-29-07	317.00*
09-29-07	317.00*
12-29-07	318.00*

* INCLUDES \$5.00 SERVICE CHARGE

ONE INSURANCE GROUP
100 Erie Insurance Place • ERIE, PA 16501

020214112729201721321400009401-0013290C0054400-

Ohio

Bureau of Workers' Compensation

30 W. Spring St
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

CONFIRMATION NUMBER: 169094008



ohiobwc.com

Maude P. Ryan
Administrator

You can reproduce this certificate as needed.