

MTAGLIAFERRO

FOURTWE-01

DATE (MM/DD/YYYY)

	こ		ER	RTI	FICATE OF LIA	BIL	ITY INS	SURAN	CE	7	/16/2019	
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).												
PR	ODUCE	ER				CONTACT NAME:						
Maury, Donnelly & Parr 24 Commerce St. Baltimore, MD 21202							PHONE (A/C, No, Ext): (410) 685-4625 E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE					
							INSURER A : Atain Specialty Insurance Company					
INSURED							INSURER B : Scottsdale Insurance Company				41297	
Four Twelve Development 10 E North Avenue, Suite #5 Baltimore, MD 21218							INSURER C: Chesapeake Employers Insurance					
							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 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.											O WHICH THIS	
	2	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000	
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000 100,000	
					CIP344516		10/25/2018	10/25/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
									MED EXP (Any one person)	\$	1,000,000	
]							PERSONAL & ADV INJURY	\$	2,000,000	
	GE								GENERAL AGGREGATE	\$	2,000,000	
	-								PRODUCTS - COMP/OP AGG	\$	1,000,000	
	AU.	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000	
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
										\$		
B		UMBRELLA LIAB OCCUR						10/19/2019	EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MADE			XOBW8075719		4/7/2019		AGGREGATE	\$	1,000,000	
		DED RETENTION \$								\$		
C	AND	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			5005450		0/4 4/004 0	0/4 4/0000	PER OTH- STATUTE ER		E00.000	
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			5325456		6/14/2019	6/14/2020	E.L. EACH ACCIDENT	\$	500,000	
	(ма	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$	500,000 500,000	
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DE		TION OF OPERATIONS / LOCATIONS / VEHIC		0000	And Additional Demodes Oak adv				0			
						, may 5		e opuee io requi	,			
L												
CE	RTI	FICATE HOLDER				CANC	ELLATION					
For Information Only							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

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