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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/03/2013

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

	ne terms and conditions ( ertificate holder in lieu of					ndorse	omont. A sta	itomont on th	nis cortificate does not	confer	rights to the	
PRODUCER							CONTACT JENNIFER BECRAFT					
ROGERS & GOLDBACH INSURANCE ASSOCIATES INC.						PHONE (A/C, No. Ext): 800-908-7017 PAX (A/C, No.): 800-908-7018						
1	10225 BERRY ROAD						35: BE	CRAFJ@NA	TIONWIDE.COM			
WALDORF, MD 20603						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : SCOTTSDALE						
INSURED						INSURER B :					<u> </u>	
	QURTNEY SMITH						INSURER C:					
K	LEAN KINGS PRESSUF	RE WASHINGT & WOOD RESTORATION, I					INSURER D :					
	504 MAURY DRIVE						INSURER E :					
V	INDSOR MILL	MD 21244					INSURER F:					
CO	VERAGES	CERTIFICATE NUMBER:					REVISION NUMBER;					
C	HIS IS TO CERTIFY THAT IT IDICATED. NOTWITHSTANI ERTIFICATE MAY BE ISSUE XCLUSIONS AND CONDITION	DING ANY R	EQUII PER I POLI	REME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
NŠŘ LTR	TYPE OF INSURANCE	Ē	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
Α	X COMMERCIAL GENERAL L	ABILITY			TIEUE		5/07/2013	05/07/2014	4.4	\$	1,000,000	
	CLAIMS-MADE X	OCCUR	1	1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PÉRSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPL	IES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-	Loc							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY				,				COMBINED SINGLE LIMIT (En accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
	ALL OWNED SCI	HEDULED TOS							BODILY INJURY (Per accident)	3		
	NQI	N-OWNED TOS							PROPERTY DAMAGE (Per accident)	\$		
		100	1						ti oi wyddolla	3		
	UMBRELLA LIAB	OCCUR					***************************************		EACH OCCURRENCE	s		
		CLAIMS-MADE							AGGREGATE	\$	•	
	DED RETENTIONS		1					•		5		
	WORKERS COMPENSATION								PER OTH-	_		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXE	CUTIVE Y/N							E.L. EACH ACCIDENT	3		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	J [	N/A					-	E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS b	minu.						<b>!</b>	E.L. DISEASE - POLICY LIMIT \$			
Ħ	DESCRIPTION OF OPERATIONS	Show						į	C.G. DISCHOOL   WATER AND ADDRESS.	*		
			İ									
-												
ESC	RIPTION OF OPERATIONS / LOCA	TIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	o, may be	attached if more	space is require	rd)			
		,										
ERTIFICATE HOLDER							CANCELLATION					
Phil Ackland						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		1			,						-	

AUTHORIZED REPRESENTATIVE

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