

CERTIFICATE OF LIABILITY INSURANCE

HARRI21 OP ID: PA

DATE (MM/DD/YYYY) 02/03/2015

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 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).

certificate holder in lieu of such endorsement(s). PRODUCER LD&B Harrisonburg 205 South Liberty Street Harrisonburg, VA 22801 Timothy F. Colligan, CPCU						CONTACT Timothy F. Colligan, CPCU						
						PHONE (A/C, No, Ext): 540-433-2796 FAX (A/C, No): 540-434-96						
						(A/C, No, Ext): 340-433-2130 (A/C, No): 340-434-3010 E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Erie Insurance Exchange					26271	
INSU	Harrisonburg Downtown	Rena	aiss	а	INSURER B:							
C/O Edwin Bumbaugh 212 S. Main Street					INSURER C:							
	Harrisonburg, VA 22801				INSURER D:							
					INSURER E:							
	VED 4 0 5 0	TIFICATE NUMBER:			INSURER F:							
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO		REVISION NUI		JE DO	I ICV DEDIOD	
IN	IDICATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WIT	H RESPEC	ст то	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY IXCLUSIONS AND CONDITIONS OF SUCH								IBJECT TO) ALL	THE TERMS,	
INSR TYPE OF MOURANCE			SUBR	UBR		POLICY EFF	LIMITS					
A A	X COMMERCIAL GENERAL LIABILITY	INSD		Q35-0101324		(MM/DD/YYYY) 11/01/2014	(MM/DD/YYYY) 11/01/2015	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
	CLAIMS-MADE X OCCUR											
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PECT LOC							MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY \$		\$		
								GENERAL AGGREGATE \$		\$		
								PRODUCTS - COMP/OP AGG \$		\$		
	OTHER:							\$ COMBINED SINGLE LIMIT &				
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO ALL OWNED SCHEDULED							` ' / '		\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (P PROPERTY DAMA		\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBRELLA LIAB OCCUB							EACH OCCURREN	CE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	CE	\$		
	DED RETENTION\$	-						NOCKEONIE		\$		
Α	WORKERS COMPENSATION	N/A				07/01/2014	07/01/2015	PER STATUTE	OTH- ER	•		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		Q91-0103013					E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	COBE	101 Additional Remarks School	lo mou b	a attached if mar	o anaca ia raquir	and)				
	Halloween on the Square							eu)				
add	litional insured as concern	s Ge	ener	al Liability								
CEI	RTIFICATE HOLDER				CANO	ELLATION						
				SELLERS								
	0.11			SHOULD ANY OF THE ABOVE DESCRIBED POLICI THE EXPIRATION DATE THEREOF, NOTICE								
	Sellers Real Estate				ACCORDANCE WITH THE POLICY PROVISIONS.							
	64 S. Court Square Harrisonburg, VA 22801											
					AUTHORIZED REPRESENTATIVE Timothy F. Colligan, CPCU							