

**CERTIFICATE OF COVERAGE**

Rev. 07/07/05



**Producer:**  
**VML INSURANCE PROGRAMS**  
 P.O. Box 3239, Glen Allen, VA 23058  
 1-800-963-6800 (Phone); 1-804-968-4662 (Fax)  
 www.vmlins.org

This 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 Membership Agreement afforded by the policies below, nor guarantees the solvency of VML Insurance Programs.

**COMPANIES AFFORDING COVERAGE**

VML Insurance Programs

**Named Insured:**

City of Harrisonburg  
 409 S. Main Street  
 Harrisonburg, VA 22801-3610

**COVERAGES**

This is to certify that the coverage listed below has been issued to the Member 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 coverage afforded by the policies described herein is subject to all the terms, exclusions and conditions of the Member Agreement and the policy forms. Limits shown may have been reduced by paid claims.

Type of Coverage	Policy Number	Effective Date	Expiration Date	Limits	
<b>General Liability</b> Damage to Premises Rented to You Medical Payments	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Each Occurrence	\$1,000,000
				Any One Fire	\$1,000,000
				Any One Person	\$10,000
<b>Public Officials Liability</b>	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Included in GL	
<b>Law Enforcement Liability</b>	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Included in GL	
<b>Excess Liability</b>	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Per Occurrence	\$4,000,000
<b>Automobile Liability</b> Any Auto	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Combined Single Limit	\$1,000,000
<b>Crime</b>	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Form O	\$250,000
<b>Auto Physical Damage</b> Collision Comprehensive	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Symbol	7, 8
				Deductible	\$1,000
				Deductible	\$1,000
<b>Property</b> Special Form	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Blanket Building & Contents	
				Limit	\$199,527,324.92
				Deductible	\$10,000
<b>Boiler &amp; Machinery</b>	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Limit	\$10,000,000
				Deductible	\$1,000
	P-2017-2018-VML-0191-1	07/01/2017	07/01/2018	Per Virginia Statute	

**Description of Operations/Locations/Vehicles/Special Items**

Evidence of coverage.

**CERTIFICATE HOLDER**

City of Harrisonburg  
 409 S. Main Street  
 Harrisonburg, VA 22801

**CANCELLATION:** Should the above described Member Agreement be cancelled before the expiration date thereof, VML Insurance Programs will endeavor to mail written notice within 30 days to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation of any kind upon VML Insurance Programs, its agents or representatives.

By: *Ann Chandler*

Date: 09/05/2017