

### CERTIFICATE OF LIABILITY INSURANCE

GENER-2 OP ID: MG

DATE (MM/DD/YYYY)

\$

08/29/2014

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)

certifica	te holder in lieu of such endorse	ment(s).						
PRODUCER		CONTACT John W. Riner						
LD&B Harrisonburg 205 South Liberty Street			PHONE (A/C, No, Ext): 540-433-2796	FAX (A/C, No): 540-4	34-9670			
Harrisonburg, VA 22801 John W. Riner			ADDRESS: JRiner@LDBinsurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #					
			INSURER A: Nationwide Mutual Harleysville	23787H				
INSURED	Generations Crossing Laurie Deavers 3765 Taylor Spring Ln Harrisonburg, VA 22801		INSURER B: Accident Fund Insurance Co. o	10166				
		INSURER C:						
		INSURER D:						
	<b>3</b> , <u>-</u>		INSURER E :					
			INSURER F:					
COVERA	GES CERT	IFICATE NUMBER:	REVISION NU	MBER:				
			VE BEEN ISSUED TO THE INSURED NAMED ABO					
			OF ANY CONTRACT OR OTHER DOCUMENT WIT					
CERTIE	NATE MAY RE ISSIIED OR MAY DI	ERTAIN THE INSURANCE AFFORD	IEN RY THE POLICIES DESCRIREN HEREIN IS SI	IRIECT TO ALL	THE TERMS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α X | COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MPA00000023351K 04/15/2014 04/15/2015 100,000 CLAIMS-MADE OCCUR \$ X Professional Liab MPA00000023351K 04/15/2014 04/15/2015 MED EXP (Any one person) 5,000 \$ 1,000,000 PERSONAL & ADV INJURY \$

2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$ GENERAL AGGREGATE PRO-JECT 2,000,000 POLICY PRODUCTS - COMP/OP AGG \$ Prof Liab 1,000,000 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 \$ (Ea accident) BA 00000023353K 04/15/2014 04/15/2015 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) Х HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$

B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below

WCV6073298

WCV6073298

UNIA

WCV6073298

UNIA

WCV6073298

UNIA

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: December 31, 2014 5K Run. Harrisonburg Downtown Renaissance is additional insured with respects to General Liability coverage.

CERTIFICATE HOLDER	CANCELLATION			
HARRI-7  Harrisonburg Downtown Renaissance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
212 S Main Street Harrisonburg, VA 22801	AUTHORIZED REPRESENTATIVE John W. Riner			

X STATUTE

RETENTION \$

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

POLICY NUMBER: MPA0000023351K

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)		
Harrisonburg Downtown Renaissance		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations		

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.



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PRODUCER LD&B Harrisonburg 205 South Liberty Street Harrisonburg, VA 22801 John W. Riner		CONTACT John W. Riner						
			540-434-9670					
		E-MAIL ADDRESS: JRiner@LDBinsurance.com						
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	3,	INSURER E :						
		INSURER F:						
COVERAG	GES CERTIFICATE NUMBER:	REVISION NUMBER:						
		OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR T						
INDICATE	ED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONF	NITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPE	CT TO WHICH THIS					

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.

INSR LTR		TYPE OF INSURANCE		SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE OCCUR			MPA00000023351K	04/15/2014	04/15/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
Α	Χ	Professional Liab			MPA00000023351K	04/15/2014	04/15/2015	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Prof Liab	\$	1,000,000
	ΑՄ	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			BA 00000023353K	04/15/2014	04/15/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCV6073298	04/29/2014	04/29/2015	E.L. EACH ACCIDENT	\$	100,000
	(Mar	CER/MEMBER EXCLUDED?	117.7					E.L. DISEASE - EA EMPLOYEE	\$	100,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
DESC	DIDT	ION OF OPERATIONS ALLOCATIONS AVEILLO	ES //	CORE	101 Additional Demarks Schedule, may b	a attached if mor	e enace le requir	ad)		

RE: December 31, 2014 5K Run. City of Harrisonburg is additional insured with respects to General Liability coverage.

CERTIFICATE HOLDER		CANCELLATION
City of Harrisonburg 345 S Main Street	CITYHB1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Harrisonburg, VA 22801		AUTHORIZED REPRESENTATIVE  John W. Riner

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