







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/19/2014

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).

| <b>PRODUCER</b><br>LD&B Harrisonburg<br>205 South Liberty Street<br>Harrisonburg, VA 22801<br>Timothy F. Colligan, CPCU   |        | <b>CONTACT NAME:</b> Timothy F. Colligan, CPCU<br><b>PHONE (A/C, No, Ext):</b> 540-433-2796<br><b>FAX (A/C, No):</b> 540-434-9670<br><b>E-MAIL ADDRESS:</b>  |  |                               |        |                                     |       |                                      |       |             |  |             |  |             |  |             |  |
|---|--------|--|--|-------------------------------|--------|-------------------------------------|-------|--------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Harrisonburg Downtown Renaissance<br>C/O Edwin Bumbaugh<br>212 S. Main Street<br>Harrisonburg, VA 22801 |        | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Erie Insurance Exchange</td> <td>26271</td> </tr> <tr> <td>INSURER B : The Cinc Spec Und Ins Co</td> <td>13037</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Erie Insurance Exchange | 26271 | INSURER B : The Cinc Spec Und Ins Co | 13037 | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC # |  |  |                               |        |                                     |       |                                      |       |             |  |             |  |             |  |             |  |
| INSURER A : Erie Insurance Exchange   | 26271  |  |  |                               |        |                                     |       |                                      |       |             |  |             |  |             |  |             |  |
| INSURER B : The Cinc Spec Und Ins Co  | 13037  |  |  |                               |        |                                     |       |                                      |       |             |  |             |  |             |  |             |  |
| INSURER C :   |        |  |  |                               |        |                                     |       |                                      |       |             |  |             |  |             |  |             |  |
| 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> GENERAL LIABILITY  | X         |          | Q35-0101324   | 11/01/2013              | 11/01/2014              | EACH OCCURRENCE                           |              |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| B        | <input checked="" type="checkbox"/> Liquor Liability   |           |          | CSU0041095    | 09/07/2013              | 09/07/2014              | MED EXP (Any one person)                  |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$           |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT)            | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |           |          |               |                         |                         |   | \$           |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         |   | \$           |
|          | <b>UMBRELLA LIAB</b>   |           |          |               |                         |                         | EACH OCCURRENCE                           | \$           |
|          | <input type="checkbox"/> OCCUR   |           |          |               |                         |                         | AGGREGATE                                 | \$           |
|          | <b>EXCESS LIAB</b>   |           |          |               |                         |                         |   | \$           |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         |   | \$           |
|          | DED  |           |          |               |                         |                         |   | \$           |
|          | RETENTION \$   |           |          |               |                         |                         |   | \$           |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          | Q91-0103013   | 07/01/2013              | 07/01/2014              | WC STATU-TORY LIMITS                      |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |           | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 100,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 100,000   |
|          |  |           | X        |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 500,000   |

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

RE: Valley Fourth - July 4, 2014  
Block Party in the 'Burg - August 20, 2014  
Sellers Real Estate is hereby an Additional Insured as concerns General Liability & Liquor Liability

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>SELLERS</b><br><br>Sellers Real Estate<br>64 S. Court Square<br>Harrisonburg, VA 22801 | <b>CANCELLATION</b><br><br>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<br>Timothy F. Colligan, CPCU  |







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|   | PHONE (A/C, No, Ext): <b>540-433-2796</b>      | FAX (A/C, No): <b>540-434-9670</b> |
| E-MAIL ADDRESS:   |  |                                    |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #                             |
| INSURER A : <b>Erie Insurance Exchange</b>  |  | <b>26271</b>                       |
| INSURER B : <b>The Cinc Spec Und Ins Co</b>   |  | <b>13037</b>                       |
| INSURER C :   |  |                                    |
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| INSR LTR  | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|---|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A   | <input checked="" type="checkbox"/> GENERAL LIABILITY  | X         |          | Q35-0101324   | 11/01/2013              | 11/01/2014              | EACH OCCURRENCE \$  |
|   | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>   |
| B   | <input checked="" type="checkbox"/> Liquor Liability   |           |          | CSU0041095    | 09/07/2013              | 09/07/2014              | MED EXP (Any one person) \$   |
|   | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>   |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |  |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$  |
| AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS |  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$ |
| UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED \$      RETENTION \$  |  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| A   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A       |          | Q91-0103013   | 07/01/2013              | 07/01/2014              | WC STATUTORY LIMITS      OTH-ER   |
|   |  |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ <b>100,000</b>  |
|   |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>  |
|   |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>   |

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

RE: Valley Fourth - July 4, 2014  
 Block Party in the 'Burg - August 23, 2014  
 Court Square Theater is hereby an Additional Insured as concerns General Liability & Liquor Liability

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>COURT-3</b><br><br><b>Court Square Theater</b><br>61 Graham Street<br>Harrisonburg, VA 22801 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
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