

HARRI21

OP ID: PA

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 PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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CE	ertificate holder in lieu of such endor	seme	nt(s)							
	DUCER				CONTAC NAME:	rimothy	F. Colligar	n, CPCU		
LD& 205	B Harrisonburg South Liberty Street				PHONE (A/C. No.	Ext): 540-43	3-2796	FAX (A/C, No	540-	434-9670
Harr	isonburg, VÁ 22801				E-MAIL ADDRES			[Prod III		
Time	othy F. Colligan, CPCU				ADDRES		IDED(S) ACCOR	DING COVERAGE		NAIC #
							urance Ex			26271
INSU	RED Harrisonburg Downtown	Ran	aice	2						
INSU	C/O Edwin Bumbaugh	IXCII	aiss	a			c Spec Un	a ins co		13037
	212 S. Main Street				INSURE	RC:				
	Harrisonburg, VA 22801				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
177				NUMBER:				REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	HE POLICIE	OR OTHER I	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS
NSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	- 1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
LTR	GENERAL LIABILITY	INSK	WVD	TODOT NUMBER		WINIDDITTITI	(MINUDDITITI	EACH OCCURRENCE	\$	
Α	X COMMERCIAL GENERAL LIABILITY	х		Q35-0101324		11/01/2013	11/01/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
~		^						MED EXP (Any one person)	\$,,,,,,,,,,
P	X Liquor Liability			CSU0041095		09/07/2013	09/07/2014		\$	1,000,000
В	X Liquor Liability			0000041000		03/01/2013	00/01/2014	PERSONAL & ADV INJURY		2,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGO	\$ \$	
	POLICY PRO- JECT LOC	-	-					COMBINED SINGLE LIMIT	4	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	2000	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accider		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								s	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS EF		
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			Q91-0103013		07/01/2013	07/01/2014	E.L. EACH ACCIDENT	\$	100,000
•	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		and the state of the second medical style of the state of the state of the second medical style of the state of the second medical style of th				E.L. DISEASE - EA EMPLOY	E \$	100,000
	If yes, describe under							E.L. DISEASE - POLICY LIMI		500,000
	DÉSCRIPTION OF OPERATIONS below	Х	_					E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-		
		^								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	TEC '	Attest	ACORD 101 Additional Paradia	Schedule	if more enace is	required)			
PF.	Valley Fourth - July 4.	201	4							
Cit	v of Harrisonburg is hereb	у а	n A	dditional Insured	as co	ncerns Ge	eneral			
Lia	bility & Liquor Liability									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
				CITYHA1	527750				01	
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE EREOF, NOTICE WILL	BE D	ELIVERED IN
	City of Harrisonburg							CY PROVISIONS.	DL D	
	City Managers Office							and the second of the second o		
	345 S Main St				AUTHOR	RIZED REPRESE	NTATIVE			
	Harrisonburg, VA 22801						gan, CPCU			



HARRI21

OP ID: PA DATE (MM/DD/YYYY)

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PRODUCER LD&B Har	risonburg	CONTACT Timothy F. Colligan	, CPCU	
205 South Harrisonb	Liberty Street urg, VA 22801 . Colligan, CPCU	PHONE (A/C, No, Ext): 540-433-2796 E-MAIL ADDRESS:	FAX (A/C, No): 540-	434-9670
		INSURER(S) AFFORD	ING COVERAGE	NAIC#
		INSURER A : Erie Insurance Exc	hange	26271
INSURED	NSURED Harrisonburg Downtown Renaissa C/O Edwin Bumbaugh	INSURER B : The Cinc Spec Und	Ins Co	13037
	212 S. Main Street	INSURER C :		
	Harrisonburg, VA 22801	INSURER D :		
		INSURER E :		
		INSURER F:		
COVERA	GES CERTIFICATE NUMBER:	F	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 SI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'e
A B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR X Liquor Liability	х	Q35-0101324 CSU0041095	11/01/2013	11/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000 \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	s 2,000,000 s
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	\$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE AGGREGATE	\$ \$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Q91-0103013	07/01/2013	07/01/2014	WC STATU- TORY LIMITS OTH- ER E.L EACH ACCIDENT E.L DISEASE - EA EMPLOYEE E.L DISEASE - POLICY LIMIT	
		х				ELE SIGNACE OLIGINATION	3 000,000

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

Halloween on the Square - October 25, 2014

County of Rockingham is hereby and Additional Insured as concerns General

Liablity & Liquor Liability

CERTIFICA	TE HOLDER		CANCELLATION
	County of Rockingham P O Box 1252 Harrisonburg, VA 22801	COUNTYO	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 Timothy F. Colligan, CPCU



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certific	ate holder in lieu of such er	ndorsement(s).					
PRODUCER				CONTACT Timothy F	. Colligan		
D&B Ha	rrisonburg n Liberty Street			PHONE (A/C, No, Ext): 540-433-	2796	FAX (A/C, No): 540-	434-9670
Harrisont	ourg, VÁ 22801			E-MAIL ADDRESS:			
imotny i	F. Colligan, CPCU			INSUR	ER(S) AFFORD	ING COVERAGE	NAIC#
				INSURER A : Erie Insu	rance Exc	hange	26271
INSURED				INSURER B : The Cinc	Spec Und	I Ins Co	13037
	C/O Edwin Bumbaug 212 S. Main Street	Downtown Renaissa umbaugh street		INSURER C:			
	Harrisonburg, VA 22			INSURER D:			
	•			INSURER E :			
				INSURER F:			
COVERA	AGES			· · · · · · · · · · · · · · · · · · ·		REVISION NUMBER:	
THIS IS	TO CERTIFY THAT THE POL TED. NOTWITHSTANDING AN	NY REQUIREMENT, T MAY PERTAIN. THE	TERM OR CONDITION INSURANCE AFFORD	OF ANY CONTRACT CODED BY THE POLICIES	DESCRIBED	OCUMENT WITH RESPECT TO	26271 13037 : R THE POLICY PERIOD PECT TO WHICH THIS TO ALL THE TERMS,
NSR		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (M	POLICY EXP	LIMITS	
TR	TYPE OF INSURANCE	INSR WVD	POLICT NUMBER	[mm/DD/TTTT] (6	min Duritti		

NSR LTR		TYPE (F INSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	_
A	GEN	COMMERCIAL	Υ		X	WVD	Q35-0101324	11/01/2013	11/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		CLAIMS-	MADE	OCCUR			No. 1949			MED EXP (Any one person)	\$ 4 000 000
В	Х	Liquor Lia	bility				CSU0041095	09/07/2013	09/07/2014	PERSONAL & ADV INJURY	\$ 1,000,000
										GENERAL AGGREGATE	\$ 2,000,000
	GEN	I'L AGGREGAT	E LIMIT A	APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	-	POLICY	PRO- JECT	LOC							\$
	AUT	OMOBILE LIAE		100						COMBINED SINGLE LIMIT (Ea accident)	\$
										BODILY INJURY (Per person)	\$
	-	ANY AUTO ALL OWNED		SCHEDULED						BODILY INJURY (Per accident)	\$
	_	AUTOS		NON-OWNED						PROPERTY DAMAGE (PER ACCIDENT)	\$
		HIRED AUTO:	5	AUTOS						TI EN NOOIDENT	\$
		UMBRELLA L	IAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAE		CLAIMS-MADE						AGGREGATE	\$
		pen l	RETENTION	ONE	1						\$
		RKERS COMPI	NSATIO	N						WC STATU- TORY LIMITS ER	
		PROPRIETOR					Q91-0103013	07/01/2013	07/01/2014	E.L. EACH ACCIDENT	\$ 100,000
А	OFF	FICER/MEMBER	EXCLUD		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 100,00
	If ye	es, describe und SCRIPTION OF	er OPERAT	TONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,00
	56.				Х						

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

CERTIFICATE HOLDER	CANCEL	LATION
Sellers Real Estate 64 S. Court Square Harrisonburg, VA 22801	THE EXACCORE	ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN DANCE WITH THE POLICY PROVISIONS. DEPRESENTATIVE F. Colligan, CPCU



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	in the of each chaor sement(s).			
205 South Harrisonb	risonburg I Liberty Street urg, VA 22801 I. Colligan, CPCU	CONTACT Timothy F. Colligan, C PHONE (A/C, No, Ext): 540-433-2796 E-MAIL ADDRESS:		0-434-9670
		INSURER(S) AFFORDING	COVERAGE	NAIC #
INCURE	Harrison burn Downton D	INSURER A : Erie Insurance Excha	nge	26271
INSURED	Harrisonburg Downtown Renaissa C/O Edwin Bumbaugh	INSURER B : The Cinc Spec Und In	is Co	13037
	212 S. Main Street	INSURER C:		
	Harrisonburg, VA 22801	INSURER D :		
		INSURER E :		
		INSURER F:		
COVERA	SERVIII TOATE NOMBER.	RE	VISION NUMBER:	
THIS IS	TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO	OW HAVE BEEN ISSUED TO THE INCURED A	IAMED ADOVE FOR THE	

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		ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'e
В	CLAIMS-MADE OCCUR X Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-	X	Q35-0101324 CSU0041095	11/01/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 1,000,000 \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE AGGREGATE	\$ \$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Q91-0103013	07/01/2013	07/01/2014	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s 100,000 s 100,000 s 500,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	X	ACORD 404 Additional Remarks Color			E.L. DISEASE - PULICY LIMIT	\$ 500,000

RE: Valley Fourth - July 4, 2014

Block Party in the "Burg - August 23, 2014

First Presbyterian Church is hereby an Additional Insured as concerns
General Liability & Liquor Liability

CERTIFICATE HOLDER	CANCELLATION
First Presbyterian Church 17 N Court Square Harrisonburg, VA 22801	FIRSTPR SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tarrest and Tarres	AUTHORIZED REPRESENTATIVE Timothy F. Colligan, CPCU



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PRODUCER LD&B Har	risonburg	CONTACT NAME: Timothy F. Colligan, CPCU					
Harrisonb	Down town Renaissa C/O Edwin Bumbaugh 212 S. Main Street Harrisonburg, VA 22801 Harrisonburg Downtown Renaissa C/O Edwin Bumbaugh 212 S. Main Street Harrisonburg, VA 22801	PHONE (A/C, No, Ext): 540-433-2796 E-MAIL ADDRESS:	FAX (A/C, No): 540	540-434-9670			
		INSURER(S) AFFOR	DING COVERAGE	NAIC #			
111011000	Hamilanda - B	INSURER A : Erie Insurance Exc	hange	26271			
INSURED	South Liberty Štreet risonburg, VA 22801 othy F. Colligan, CPCU Harrisonburg Downtown Renaissa C/O Edwin Bumbaugh 212 S. Main Street Harrisonburg, VA 22801	INSURER B : The Cinc Spec Und	d Ins Co	13037			
		INSURER C:					
	Harrisonburg, VA 22801	INSURER D:					
		INSURER E :					
		INSURER F:					
COVERA	GES CERTIFICATE NUMBER:		DEVICION NUMBER				

REVISION NUMBER:

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NSR LTR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY	х		Q35-0101324	11/01/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00
В	X Liquor Liability			CSU0041095	09/07/2013	09/07/2014	MED EXP (Any one person)	s	
					03/07/2013	03/07/2014	PERSONAL & ADV INJURY GENERAL AGGREGATE	s	1,000,00 2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	=,==0,00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
-	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	DED RETENTION \$						AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER	\$	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	C	191-0103013	07/01/2013	07/01/2014	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DÉSCRIPTION OF OPERATIONS below	Х					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 23, 2014

James McHone Jewelry is hereby an Additional Insured as
concerns General Liability & Liquor Liability

CERTIFI	CATE HOLDER		CANCELLATION
	James McHone Jewelry 75 S Court Square Harrisonburg, VA 22801	JAMESMC	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 Timothy F. Colligan, CPCU

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205 South L Harrisonbui	iberty Štreet rg, VA 22801 Colligan, CPCU	PHONE (A/C, No, Ext): 540-433-2796 E-MAIL ADDRESS:	FAX (A/C, No): 540-434-9670					
		INSURER(S) AFFORDING COVERAGE	NAIC #					
	Hawless by D. J. D.	INSURER A : Erie Insurance Exchange	26271					
INSURED	Harrisonburg Downtown Renaissa C/O Edwin Bumbaugh	INSURER B : The Cinc Spec Und Ins Co	13037					
	212 S. Main Street	INSURER C:						
	Harrisonburg, VA 22801	INSURER D:						
		INSURER E:						
		INSURER F:						
COVERAGI	CEDTIFICATE NUMBER							

CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)				
В	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR X Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER:	X		Q35-0101324 CSU0041095		11/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1,000,000 1,000,000 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	\$ \$ \$ \$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Q91-0103013	07/01/2013	07/01/2014	WC STATU- TORY LIMITS ER E.L EACH ACCIDENT E.L DISEASE - EA EMPLOYEE E.L DISEASE - POLICY LIMIT	\$	100,000 100,000 500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	TEC /AH	tach (CORD 464 Additional Provider Co.					

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

CERTIFIC	CATE HOLDER		CANCELLATION
C	Court Square Theater 61 Graham Street Harrisonburg, VA 22801	COURT-3	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 Timothy F. Colligan, CPCU



HARRI21 OP ID: PA

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 'PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

...PORTANT: 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).

C	ertif	ficate holder in lieu of such endors	seme	ent(s)			mont. A ota	tomont on th	no oci tinoate at	Jes not c	omer	rights to the	
PRO	DUC	er Harrisonburg				CONTA NAME:	Timothy	F. Colligar	n, CPCU				
205	Sou	uth Liberty Street				PHONE (A/C, No, Ext): 540-433-2796 FAX (A/C, No): 540-434-9670						134-9670	
Har	riso	nburg, VÁ 22801 y F. Colligan, CPCU				E-MAIL ADDRE				()			
Him	otny	y F. Colligan, CPC0						URER(S) AFFOR	DING COVERAGE			NAIC#	
						INSURE	RA: Erie Ins					26271	
INSURED Harrisonburg Downtown Renaissa							INSURER B : The Cinc Spec Und Ins Co 13037						
		C/O Edwin Bumbaugh				INSURER C :						10007	
		212 S. Main Street Harrisonburg, VA 22801				INSURE	teratorist.	_					
		Trainisonburg, VA 22001				INSURE	V-1111 VI						
						INSURE							
CO	VFF	RAGES CER	TIFI	CATE	NUMBER:	INSURE	RF:		REVISION NUI	MRER.			
C	DIC.	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PER	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER IS DESCRIBED	ED NAMED ABOV DOCUMENT WITH D HEREIN IS SU	E FOR THE	CT TO	WHICH THIS	
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	GE	NERAL LIABILITY					,	,	EACH OCCURREN	CE	\$		
Α	Х	COMMERCIAL GENERAL LIABILITY	Х		Q35-0101324		11/01/2013	11/01/2014	DAMAGE TO RENT PREMISES (Ea occ		s	1,000,000	
		CLAIMS-MADE OCCUR							MED EXP (Any one		\$		
В	Х	Liquor Liability			CSU0041095		09/07/2013	09/07/2014	PERSONAL & ADV			1,000,000	
									GENERAL AGGREG	GREGATE \$		2,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	and the second second second second			
		POLICY PRO- JECT LOC									\$		
	AU	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS								BODILY INJURY (P	er person)	\$		
									BODILY INJURY (P	er accident)	\$		
									PROPERTY DAMAG (PER ACCIDENT)	GE	\$		
		A0103							(LITTIONIDEITI)		\$		
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		ORKERS COMPENSATION							WC STATU- TORY LIMITS	OTH- ER			
Α		D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			Q91-0103013		07/01/2013	07/01/2014	E.L. EACH ACCIDE	SALAR THE SECTION	\$	100,000	
	OF	FICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	100,000	
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	500,000	
			Х										
			1953/955										
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)					
	7	Valley Fourth - July 4,	201	4									
Ran	k c	Block Party in the Burg of America is hereby and	Ad	Augu diti	ist 23, 2014 onal Insured as c	concer	ns						
Gen	era	al Liability & Liquor Li	abi	lity	7								
CEI	STIE	FICATE HOLDER				CANO	ELLATION						
ULI		TOTAL HOLDER			BANK0-1								
					DAILIO I				ESCRIBED POLIC				
		Bank of America							EREOF, NOTICE Y PROVISIONS.	WILL E	SE DE	LIVERED IN	
		57 S Main Street				1	ONDANGE WI	THE FOLIC					
		Harrisonburg, VA 22801				AUTHO	RIZED REPRESE	NTATIVE					
						Timothy F. Colligan, CPCU							



DATE (MM/DD/YYYY)

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 PRESENTATIVE 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).

-	certif	ficate holder in	lieu	of such endors	seme	nt(s).	,		71 014	cincin on t	ns certificate does not t	Joiner	rigins to the
	ODUC						(410) 544-6104	CONTACT SE	ean Fo	rrester			
Moscker Insurance Agency Inc								PHONE (A/C, No, Ext):			FAX	(410)	544-4374
302 Ritchie Highway Severna Park, MD 21146								PT 44411			erinsurance.com	(410)	344-4374
36	veille	a Faik, MD 211	40					ADDRESS: SI					The same same
								wownen . N			arine Ins Co		NAIC #
INS	URED	Advance	d F	ntertainment Te	chno	logio	s dba Image Engineering						
i i neces		PO Box			CIIIIO	logie	s upa image Engineering				y Insurance Company	У	18333
		Baltimor	e, M	D 21221				INSURER C : IV	/Iaxum	Corporations	Company Mid-Atlantic Group		
									n berkle	y corporations	wite-Atlantic Group		21784
								INSURER E :					
_	\\r_F	24050		0.55				INSURER F:					
		RAGES	7111				NUMBER:				REVISION NUMBER:		
C	CERT	IFICATE MAY B	E IS	SSUED OR MAY	PERT POLIC	AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CON	NTRACT POLICIE:	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSE	3	TYPE OF	INSU	RANCE	ADDL	SUBR	POLICY NUMBER	POLIC (MM/D)	CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	GE	NERAL LIABILITY						,,,,,,,,			EACH OCCURRENCE	s	1,000,000
Α	X	COMMERCIAL GE	ENER	AL LIABILITY	X		72LPS018911	11/27	7/2013	11/27/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAI	DE	X OCCUR			0 -011 -02.00 -0.00				MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
											GENERAL AGGREGATE	s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										PRODUCTS - COMP/OP AGG	s	1,000,000
-										PRODUCTS - COMP/OP AGG	\$	1,000,000	
	AU	TOMOBILE LIABILIT		1 200							COMBINED SINGLE LIMIT		1.000.000
В	Х						BAS55856952	11/27/2013	11/27/2014	(Ea accident)	\$	1,000,000	
Ь	_	ALL OWNED		SCHEDULED			DA333030332	11/2/	7/2013	11/2//2014	BODILY INJURY (Per person)		
	~	AUTOS	v	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	100	
	X	HIRED AUTOS	Х	AUTOS							(PER ACCIDENT)	\$	
_	v	UMBRELLA LIAB	Ч	V	-							\$	
_	X	EXCESS LIAB	-	X OCCUR			00040450.0	44.00			EACH OCCURRENCE	\$	4,000,000
С	\vdash	EACESS LIAB		CLAIMS-MADE		1	00019453-6	11/2/	//2013	11/27/2014	AGGREGATE	\$	4,000,000
	wo	RKERS COMPENS			-						WC STATU OTU	\$	
_	AND	DEMPLOYERS' LIA	BILIT	Y Y/N							X WC STATU- TORY LIMITS OTH- ER		
В		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					XWS55856952	4/1/2014	4/1/2015	E.L. EACH ACCIDENT	\$	1,000,000	
	(Ma	ndatory in NH) es, describe under									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	SCRIPTION OF OPE	RATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Equ	ipment Floater	г				CIM9000079-43	3/16/	/2014	3/16/2015	scheduled Equipment limit		\$1,200,000
D	Equ	ipment Floater	r				CIM9000079-43	3/16/	/2014	3/16/2015	Leased/Rented		\$250000
Eve As i	nt is	7/4/14. ects to work p	erfo	ormed by the N	lame	d Ins	ACORD 101, Additional Remarks sured and as required by d at 217 S. Liberty St., Ha	written con	tract o	agreement			

CERTIFICATE HOLDER

CANCELLATION

Virginia Mayor, LC 205 S. Liberty St. Harrisonburg, VA 22801SHOULD 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

J. Lean Fourte