

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2016

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

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				dorser	nent. A state	ment on this	s certificate does not co	nfer rig	ghts to the		
	DUCER	361116	iii(3)		CONTACT NAME: Brandon Hedrick							
15 - 17 800.					DUONE							
Hedrick Insurance & Financial												
6130 Mechanicsville Turnpike, Suite A												
NAc	chanicsville			VA 23111	INSURER(S) AFFORDING COVERAGE INSURER A: Penn-America Insurance Company					NAIC #		
	JRED			VA 23111								
1140	VA Momentum, LLC				INSURER B:							
	*				INSURER C:							
1730 Park Lawn Drive						INSURER D:						
	III			VA 22004	INSURER E :							
-00	Harrisonburg	VA 22801			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												
С	ERTIFICATE MAY BE ISSUED OR MAY PER	TAIN,	THE	INSURANCE AFFORDED BY 1	THE PO	LICIES DESCR	IBED HEREIN					
233	XCLUSIONS AND CONDITIONS OF SUCH P											
INSR LTR			SUBR WVD	POLICY NUMBER	(MM/DDAYYY) (MM/DDAYYYY		POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY						·	EACH OCCURRENCE	\$ 2,0	00,000		
	CLAIMS-MADE X OCCUR		PA					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000		
	9						3	MED EXP (Any one person)	\$ 5,0	00		
Α	★ \$500 Deductible	Y		PAC7058089		05/15/2016	05/15/2017	PERSONAL & ADV INJURY	\$ 1,0	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ Exc	cluded		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIREDAUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
							,		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N								PÉR OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is req	uired)				
Th	e Certificate Holder is named as an Addi	tiona	l Insu	red with respect to Genera	l Liabili	ty Coverage.						
E١	rent date: 12/31/2016											
CE	CERTIFICATE HOLDER CANCELLATION											
	City of Harrisonburg			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	409 South Main Street				AUTHORIZED REPRESENTATIVE							
	Harrisonburg			VA 22801	Pat Taylor, Royal Oak Underwriters							



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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).											
	DUCER		(-)		CONTACT NAME: Brandon Hedrick						
Не	drick Insurance & Financial				PHONE (A/C, No, Ext): 804-559-1200 (A/C, No): 804-569-7779						
6130 Mechanicsville Turnpike, Suite A						(A/C, No, Ext): 804-359-7779 E-MAIL ADDRESS: hedrickb@nationwide.com					
541015041	tion in characteristic (444 cm) febbol 19110 feb . By 15600 m. ■ 60/9511 644000 ± 15615 0 settler 50				INSURER(S) AFFORDING COVERAGE NAIC #						
Mechanicsville VA 23111						INSURER A: Penn-America Insurance Company					
INSL	RED				INSURER B:						
	VA Momentum, LLC				INSURER C :						
	1730 Park Lawn Drive				INSURER D:						
					INSURER E :						
	Harrisonburg	VA 22801			INSURER F:						
ř				NUMBER:	REVISION NUMBER:						
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INSR LTR	White the second of the second	IIIVO IIIVO		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	500	Careca Construction	
	COMMERCIAL GENERAL LIABILITY						6	EACH OCCURRENCE	10000	00,000	
	CLAIMS-MADE X OCCUR						1	DAMAGE TO RENTED PREMISES (Ea occurrence)	2007 000	0,000	
		Y						MED EXP (Any one person)	\$ 5,0		
Α	\$500 Deductible			PAC7058089		05/15/2016	05/15/2017	PERSONAL & ADV INJURY	* .	00,000	
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	00,000	
	POLICY PRO- LOC						3	PRODUCTS - COMP/OP AGG	N 10 10 5000	cluded	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	The state of the s						1	(Ea accident) BODILY INJURY (Per person)	\$		
:	ANY AUTO ALL OWNED SCHEDULED						3	BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED						3	PROPERTY DAMAGE	\$		
	HIREDAUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB							E A OLL A DOLLB DE NOE	W.		
	EVCESSIJAB						ē	EACH OCCURRENCE	\$		
	DED RETENTION \$	8					1	AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								PER OTH- STATUTE ER	Ψ		
								E.L. EACH ACCIDENT	\$		
		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
									- 7/		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is req	uired)			
The	Certificate Holder is named as an Addit	tional	l Insu	red with respect to Genera	l Liabili	ty Coverage.					
Ev	ent Date: 12/31/2016										
CERTIFICATE HOLDER CANCELLATION											
	James Madison University		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	800 South Main Street		AUTHORIZED REPRESENTATIVE								
Harrisonburg VA 22807					Pat Taylor, Royal Oak Underwriters						