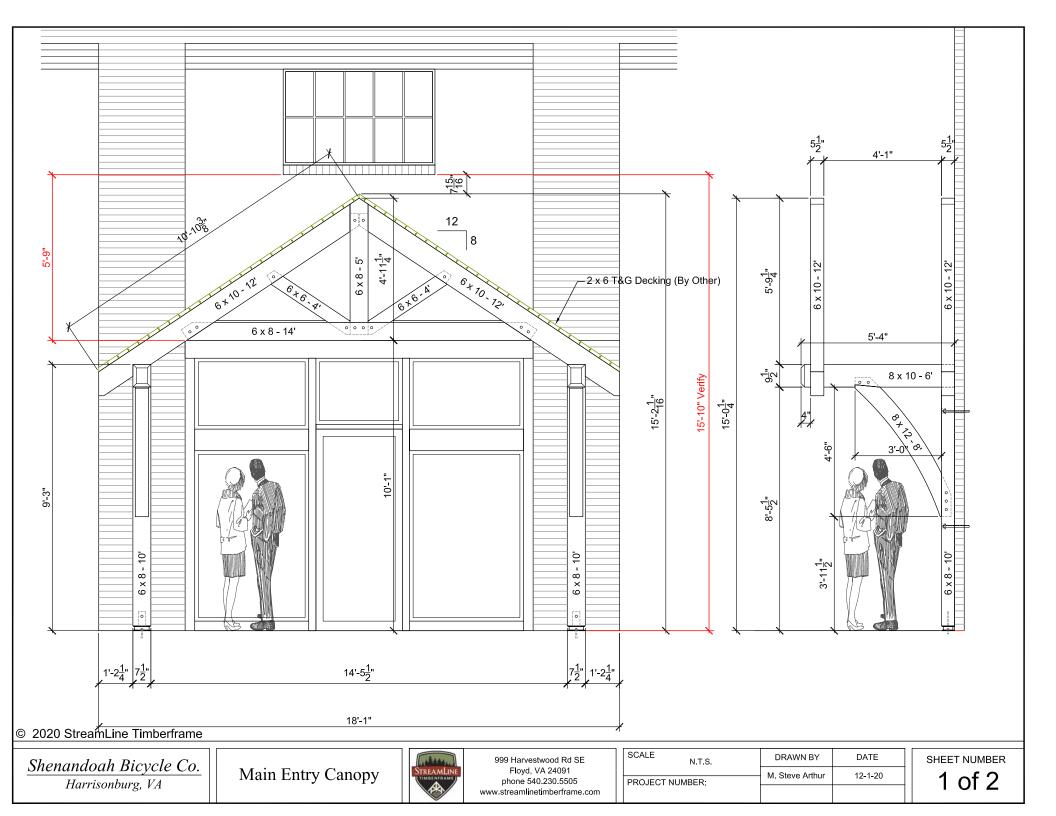
To: City of Harrisonburg

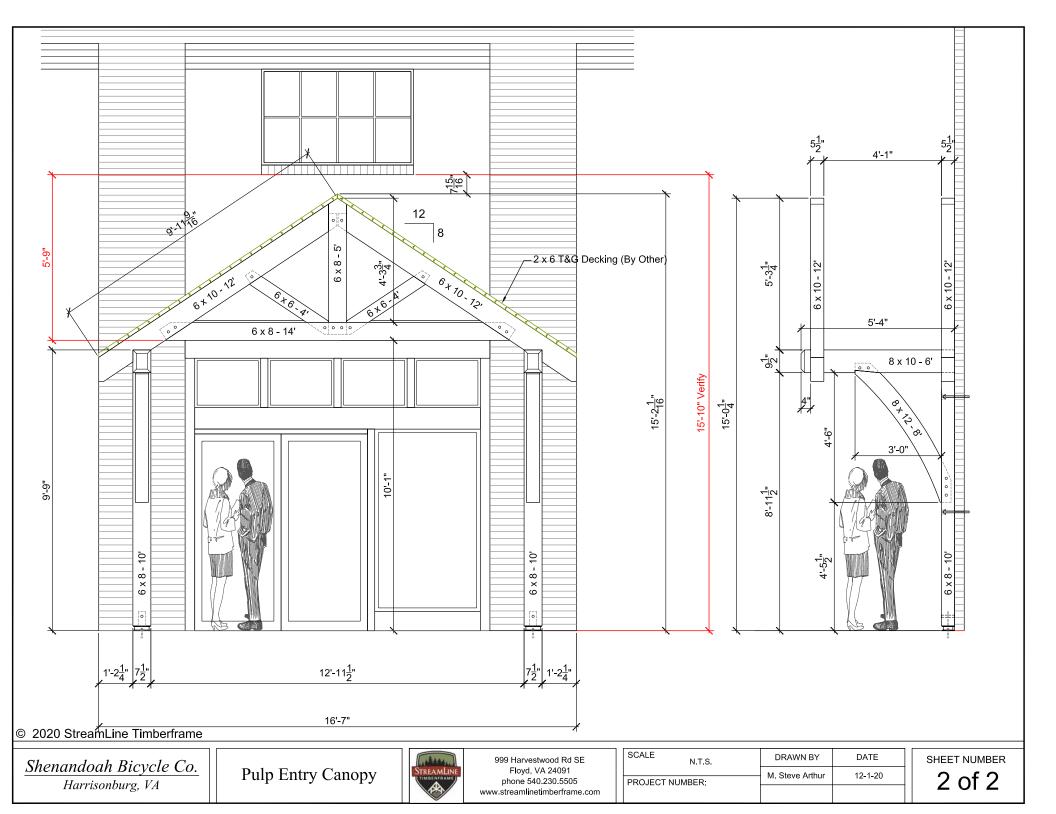
Shenandoah Bicycle Company would like to install canopies to both entrances facing Main Street of Shenandoah Bicycle Company at 135 South Main Street. We have received permission from the property owner (T&T LLC - Thomas Jenkins & Tim Richardson) to make these leasehold improvements. The canopies will provide a little shelter for those entering the building. The canopies will not impede any of the current pedestrian or vehicular traffic. The canopies will also add some depth and beauty to this older building.

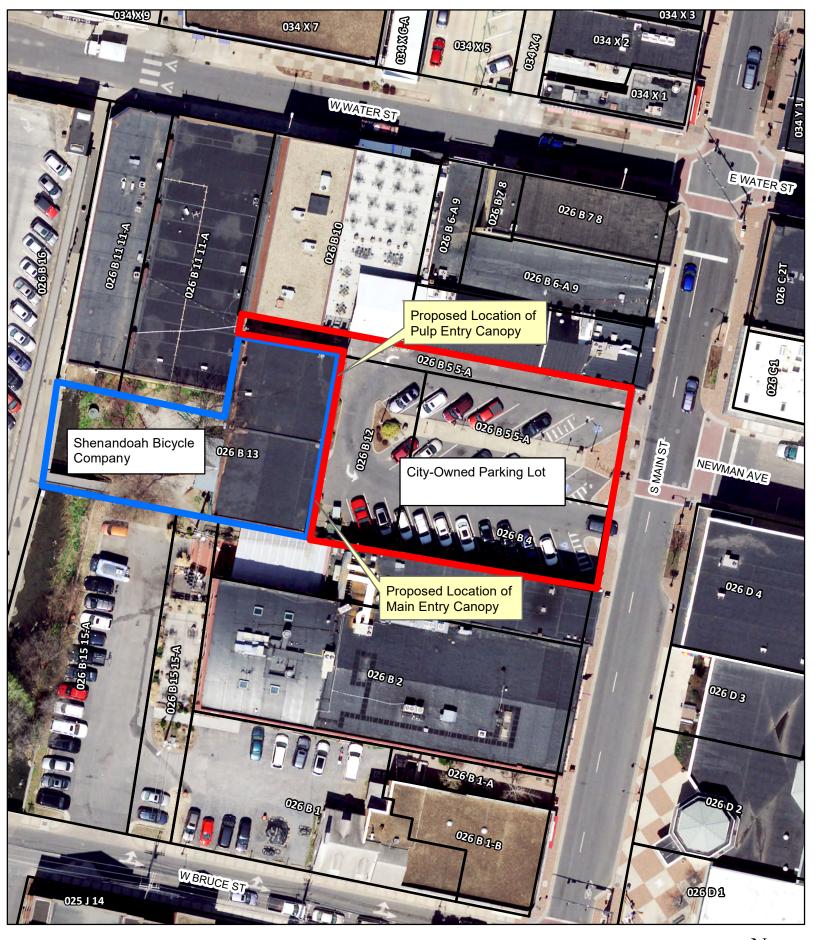
We appreciate your time and consideration

Sincerely,

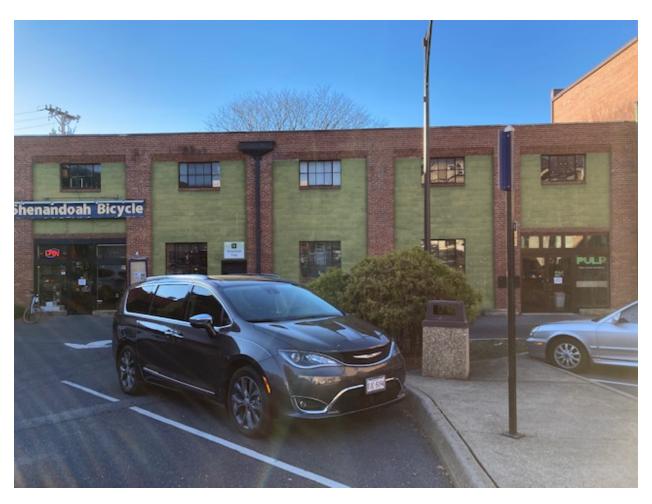
Thomas Jenkins Co-Owner Shenandoah Bicycle Company tj@shenandoahbicycle 540-437-9000 (Work) 540-236-2001 (Cell)











135 South Main Street Building



Main Entry



Pulp Entry



MGOOD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2021

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 have ADDITIONAL INSURED provisions or be endorsed.

th	is certificate does not confer rights to	o the	certi	ficate holder in lieu of su	the policy, certain policies may require an endorsement. A statement on uch endorsement(s). CONTACT Marsha E. Good NAME:						
LD&B Insurance and Financial Services 205 South Liberty Street Harrisonburg, VA 22801						PHONE (A/C, No, Ext): (540) 477-0366 FAX (A/C, No): (540) 477-2516					
						(A/C, No, Ext): (340) 477-0366 (A/C, No): (340) 477-2316 E-MAIL ADDRESS: mgood@ldbinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : Owners Insurance Company				32700		
INSURED						INSURER B : Flagship City Insurance Company				35585	
Shenandoah Bicycle Company 135 South Main Street Harrisonburg, VA 22801						INSURER C:					
						RD:					
						INSURER E :					
						INSURER F:					
CO	VERAGES CER	ATE	NUMBER:	REVISION NUMBER:							
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	O ALL	O WHICH THIS	
LTR A	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		2,000,000	
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	.		42050450		C/4 E/0000	C/4 E/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR	X		43252459		6/15/2020	6/15/2021	· · · · · · · · · · · · · · · · · · ·	\$	10,000	
								MED EXP (Any one person)	\$	2,000,000	
								PERSONAL & ADV INJURY	\$	3,000,000	
	X POLICY PECT LOC OTHER: General Aggregate							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per person)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDENGE	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION\$							AGGREGATE	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER	Φ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			Q89-6000244		5/10/2020	5/10/2021	E.L. EACH ACCIDENT	\$	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000	
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DIGLAGE - FOLICT LIMIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
		•						•			
CERTIFICATE HOLDER City of Harrisonburg 409 South Main St Harrisonburg, VA 22801						CANCELLATION					
						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					

Upload Page 1 of 1



Message submitted on 02/11/2021. Confirmation Number 4177336.

Tailored Protection Policy 43252459 SHENANDOAH BICYCLE

COMPANY &, TNT LLC, C O THOMAS JENKINS

ATTACHMENT HISTORY 1 of 1

Endorsement 02/11/2021

Confirmation 4177336

add City of Harrisonburg 409 South Main St. Harrisonburg VA 22801 as additional insured per contractual requirements

Respond to: Marsha Good Effective Date: 02/11/2021