Client#: 15335 RSMOW

## $ACORD_{\cdot\cdot}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2018

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).

		INSURER F:		
		INSURER E:		
		INSURER D:		
		INSURER C:		
INSURED		INSURER B:		
		INSURER A : Company	must be Best Rated A- or better	
			INSURER(S) AFFORDING COVERAGE	NAIC #
		E-MAIL ADDRESS:		
		PHONE (A/C, No, Ext):	FAX (A/C, No):	
PRODUCER		CONTACT NAME:		
	or outer oridorounicing(o).			

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		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X	X	TBD	TBD	TBD	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000
	X Contractual Liab						MED EXP (Any one person)	\$10,000
	X XCU Incl.						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY	X	X	TBD	TBD	TBD	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR	X	Χ	TBD	TBD	TBD	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE			TBD	TBD	TBD	AGGREGATE	\$5,000,000
	DED RETENTION \$							\$
Α			X	TBD	TBD	TBD	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)						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 / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: List Project** 

R.S. Mowery & Sons, Inc. is included as additional insured on a primary and non contributory basis as respects the listed liability policies except Workers' Compensation when required by written contract. Waiver of Subrogation applies to all listed policies including Workers' Compensation when required by written contract. A 30 Day Notice of Cancellation will be given to the Certificate Holder.

CERTIFICATE HOLDER	CANCELLATION			
R. S. Mowery & Sons, Inc. 1000 Bent Creek Boulevard Mechanicsburg PA 17050	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			

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