

CERTIFICATE OF LIABILITY INSURANCE

FENCE-1

OP ID: CC

DATE (MM/DD/YYYY) 01/15/2015

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(les) 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).

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|---|---|-----------------------------------|-----------------------------|-------------------|------------------------------------|------------|-----------|--------------|
| PRODUCER | | | CONTACT Joan R | Ray CIC | | | | |
| W. T. Shevland & Assoc.,Inc Chester County Commons | PHONE (A/C, No. Ext): 610-647-3115 (A/C, No.): 610-647-8487 | | | | | | | |
| 13 Mystic Lane | | | E-MAIL ADDRESS: jray@sh | | n | | | |
| Malvern, PA 19355 Joshua John Isler-New 2006 | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | |
| Joshua domi isier-new 2000 | INSURER A : Atlantic States | | | | 22586 | | | |
| INSURED The Fence Experts, LLC 3312 Limestone Rd Cochoranville, PA 19330 | | | INSURER B : Donegal Mutual | | | | 13692 | |
| | | | INSURER C : | | | | | |
| | | | INSURER D : | | | | | |
| | | | INSURER E : | | | | | |
| | INSURER F: | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | REVISION NUMBER: | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES | | | VE BEEN ISSUED TO | THE INSURE | | | HE PO | OLICY PERIOD |
| INDICATED. NOTWITHSTANDING ANY REC | QUIREN | IENT, TERM OR CONDITION | OF ANY CONTRACT | OR OTHER | DOCUMENT WIT | H RESPE | CT TO | WHICH THIS |
| CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH P | | | | | | BJECT TO | O ALL | . THE TERMS, |
| INSR | ADDL SU | BR | POLICY EFF (MM/DD/YYYY) | | | LIMIT | 0 | |
| A X COMMERCIAL GENERAL LIABILITY | INSD WA | POLICY NUMBER | (MIM/BD/YYYY) | (MIM/DD/YYYY) | EACH OCCURREN | | s | 1,000,000 |
| | | 610-761-9988 | 01/09/2015 | 01/09/2016 | DAMAGE TO RENT PREMISES (Ea occ | | | 100,000 |
| CLAIMS-MADE A OCCUR | | 010-101-3300 | 0170072010 | 0110012010 | | | \$ | 5,000 |
| | | | | | MED EXP (Any one | | \$ | 1,000,000 |
| OF 111 A COST CATE A MIT A DOLLEG OF D | | | | | PERSONAL & ADV | | - | 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- | | | | | GENERAL AGGRE | | \$ | 2,000,000 |
| | | | <u> </u> | | PRODUCTS - COM | P/OP AGG | \$ | 2,000,000 |
| OTHER: AUTOMOBILE LIABILITY | _ | | | | COMBINED SINGLI (Ea accident) | ELIMIT | \$ | 1.000.000 |
| | V | | 01/09/2015 | 01/09/2016 | (Ea accident) BODILY INJURY (P | | \$ | 1,000,000 |
| ALL OWNED SCHEDULED | | CA6362302 | 01/09/2015 | 01/05/2010 | BODILY INJURY (P | · · | \$ | |
| AUTOS AUTOS NON-OWNED | | | | | PROPERTY DAMAGE | | | |
| X Comp \$500 X Coll \$500 | | | | | (Per accident) | | \$ | |
| No. No. | | | | | | | _ | 5,000,000 |
| | 21 OCCOR | | 04/04/2045 | 01/01/2016 | | | \$ | 5,000,000 |
| CLAIMS-MADE | | CXL8562302 | 01/01/2015 | 01/01/2016 | AGGREGATE | | \$ | 5,000,000 |
| DED X RETENTION \$ 0 | | | | | y PFR | OTH- | \$ | |
| AND EMPLOYERS' LIABILITY | | 14/010500000 | 04/00/0045 | 04/00/0040 | X PER STATUTE | OTH- ER | | 4 000 000 |
| A NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | WCI8562302 | 01/09/2015 | 01/09/2016 | E.L. EACH ACCIDE | | \$ | 1,000,000 | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA | | | 1,000,000 |
| | - | 040 704 0000 | 0410010045 | 04/00/0040 | E.L. DISEASE - POI | LICY LIMIT | \$ | 1,000,000 |
| A Equipment Fltr | İ | 610-761-9988 | 01/09/2015 | 01/09/2016 | lotal | | | 66,500 |
| | | | | | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (ACO | RD 101, Additional Remarks Schedu | ile, may be attached if mor | e space is requir | ed) | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

| CERTIFICATE HOLDER | <u></u> | CANCELLATION |
|----------------------|---------|--|
| Certificate Specimen | SPECI-1 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| _ 1 | | AUTHORIZED REPRESENTATIVE |