

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/14/2014

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 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).										
PRODUCER					CONTACT NAME: Dan Hood					
Hood Insurance					PHONE (A/C, No, Ext): 757-877-6682 (A/C, No): 757-874-4679					
11 Fauguier Pl					E-MAIL ADDRESS: hoodins@aol.com					
Newport News, VA 23608					INSURER(S) AFFORDING COVERAGE					NAIC 4
										NAIC#
WOURED					INSURER A: Scottsdale Insurance Company					
Danny McFatridge DBA Danny's Heating & Air &					INSURER B: Technology Insurance Company					
Home Improvements					INSURER C:					
104 Hillside Lane					INSURER D:					
Williamsburg, VA 23185					INSURER E:					
					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 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.  INST.   ADDITIONS OF SUCH POLICIES AND CONDITIONS OF SUCH POLICIES AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(HM/DD/YYYY)	LIMITS	;	
	X COMMERCIAL GENERAL LIABILITY		Lamon				444	DAMAGE TO RENTED	\$ 1,000 \$ 100.0	
	CLAIMS-MADE OCCUR						i i		s 5,000	
Α				CPS1884199		10/11/2013	10/11/2014		\$ 1,000,000	
									s 2,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 1.000	
	X POLICY PRO- LOC				ĺ		Ī		S	7,000
-	AUTOMOBILE LIABILITY	[	[					COMBINED SINGLE LIMIT		
							deplere	- demonstration of the contract of the contrac	\$	
	ANY AUTO ALL OWNED SCHEDULED					and the second				
	AUTOS AUTOS NON-OWNED								\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
									S	
	UMBRELLA LIAB OCCUR			Sec.				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	08 00 8	in the state of			and the same of th	D. Carriero	AGGREGATE	\$	
	DED RETENTION\$					· Paragraphic in the control of the	Capturation		\$	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		[	45-39071-14073-108357	1	03/13/2014	03/13/2015		\$ 1,000	000
D	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	NIA	1	43-3807 1-14073-100337		03/13/2014	00/10/2010	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
	If yes, describe under						and the same		\$ 1,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	7,000
						la constant de la con	Application			,
	14 14				l	- 1	T. Prince			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	macn	ACORD 101, Additional Remarks 3	ocneaule,	, it more space is	requirea			1
Revi	sed Certificate									
										1
CERTIFICATE HOLDER CANCELLATIO										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
authorities are a second of the second of th										
AUTHORIZED REPRESENTATIVE										