

CERTIFICATE OF LIABILITY INSURANCE

Current Date

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. 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).

tl	his certificate does not confer rights to				ch enc	lorsement(s).		require un chaorsemen	t. A 3	.uternent on	
PRC	DDUCER				CONTA NAME:	CT Your Sub		Agent's Name			
Your Subcontractor's Agency Name Your Subcontractor's Agency Address Your Subcontractors Agency City, ST Zip						PHONE (A/C, No, Ext): Your Subcontractor's Agent's Phone FAX (A/C, No):					
						E-MAIL ADDRESS: Your Subcontractor's Agent's Email					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: "A" Rated Carrier					
Your Subcontractor's Name Your Subcontractor's Street Address City, VA 11111						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		•	
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY F	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				JMBER	6/1/2020	6/1/2021	EACH OCCURRENCE	\$	1,000,000	
			Х	YOUR SUBS POLICY NU				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS		х		JMBER		6/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
				YOUR SUBS POLICY NU		6/1/2020		BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		YOUR SUBS POLICY NU	JMBER	6/1/2020	6/1/2021	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Evidence of Insurance	LES (A	ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
SERVIN IONIE HOEDER											
Cutlass Contracting, LLC 11415 Orange Blossom Ct Smithsburg, MD 21783						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			Jour Agent's Signature								

ACORD 25 (2016/03)

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