For a Professional Service Provider that Does Not Come Onsite



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Current Date

											Oui		
C T	ERTI HIS	FICATE DOES NOT AFFI		ELY E D	OR N OES	R OF INFORMATION ON NEGATIVELY AMEND, EXT NOT CONSTITUTE A ERTIFICATE HOLDER.	END C	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLICI	ES BELOW.	
lf	SUE	BROGATION IS WAIVED	D, subjec	t to	the	DITIONAL INSURED, the p terms and conditions of t ificate holder in lieu of su	the pol	icy, certain	policies may	AL INSURED provisions require an endorsement	or be t. A sta	endorsed. atement on	
	DUCEF		- rights to		COL		CONTACT Your Subcontractor's Agent's Name						
								PHONE Your Subcontractor's Agent's Phone FAX					
Your Subcontractor's Agency Name							(A/C, No, Ext): Vour Subcontractor's Agent's Email						
Your Subcontractor's Agency Address Your Subcontractors Agency City, ST Zip							INSURER(S) AFFORDING COVERAGE				NAIC #		
Tour Subcontractors Agency City, ST ZIP								INSURER A : "A" Rated Carrier					
INSURED								INSURER B :					
Your Subcontractor's Name						-	INSURER C :						
Your Subcontractor's Street A					ress	-	INSURER D :						
						-	INSURER E :						
							INSURER F :						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
IN C	DICA [®] ERTIF	TED. NOTWITHSTANDING FICATE MAY BE ISSUED SIONS AND CONDITIONS (ANY RE OR MAY OF SUCH	QUIR PER POLI	EMEN TAIN CIES	SURANCE LISTED BELOW I NT, TERM OR CONDITION C , THE INSURANCE AFFORE . LIMITS SHOWN MAY HAVE	OF ANY DED B'	CONTRACT THE POLIC REDUCED B	OR OTHER I	DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT T S.	CT TO FO ALL	WHICH THIS	
LTR		TYPE OF INSURANCE		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s \$		
										EACH OCCURRENCE DAMAGE TO RENTED	Ŷ S		
		CLAIMS-MADE OCCU	R							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
		「L AGGREGATE LIMIT APPLIES P POLICY 「ドロー」	PER: .OC							GENERAL AGGREGATE	\$ \$		
			50							PRODUCTS - COMP/OP AGG			
		OTHER:								COMBINED SINGLE LIMIT	\$		
										(Ea accident)	•		
		ANY AUTO OWNED AUTOS ONLY	ULED							BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
											\$		
			CUR AIMS-MADE							EACH OCCURRENCE	\$		
										AGGREGATE			
		DED RETENTION \$								PEROTH-	\$		
		EMPLOYERS' LIABILITY	Y/N								\$		
	OFFIC (Mana	datory in NH)	IVE	N/A							\$		
		, describe under CRIPTION OF OPERATIONS below	w								\$		
A		ssional Liability				YOUR SUBS POLICY NUN	MBER	Effective Date	Effective Date	Each Incident		2,000,000	
Α		ssional Liability				YOUR SUBS POLICY NUM				Aggregate		2,000,000	
A	AND I ANY E OFFIC (Mand If yes, DESC Profes Profes	EMPLOYERS' LIABILITY BERREIDER EASTINER EXECUTI datory in NH) , describe under CRIPTION OF OPERATIONS below ssional Liability ssional Liability	w		ACORI		MBER	Effective Date	Effective Date	STATUTE R E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Incident Aggregate	\$		
CERTIFCATE HOLDER								CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Cutlass Contracting, LLC 4 West Water Street.								THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

Smithsburg, MD 21783

authorized representative Gour Agent's Signature

 $\ensuremath{\textcircled{\sc c}}$ 1988-2015 ACORD CORPORATION. All rights reserved.