

OHEIM

ACORD CERTIFICATE OF

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/23/2017

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).

t	nis certificate does not confer rights to	o the	certi	ificate holder in lieu of su								
PRODUCER HHM Insurors 500 Commerce Drive PO Box 1138 Moon Township, PA 15108-6138						CONTACT NAME:						
						PHONE (A/C, No, Ext): (412) 893-2500 FAX (A/C, No): (412) 8					893-2525	
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
		INSURER A : PENN NATIONAL INSURANCE					1					
INS	JRED	INSURER B:										
		INSURER C:										
Kozlowski Painting Company 8006 Westmoreland Ave Pittsburgh, PA 15218						INSURER D :						
				INSURER E :								
						INSURER F:						
				NUMBER:		EEN JOOUED 1		REVISION NUM			LIOV DEDICE	
li C	HIS IS TO CERTIFY THAT THE POLICIE VIDICATED. NOTWITHSTANDING ANY R VERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER1	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
INSR TYPE OF INSURANCE			ADDL SUBR NSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY) (		POLICY EXP	LIMITS				
A			WVD			(MM/DD/YYYY)	(WIWI/DD/TTTT)			\$	1,000,000	
	CLAIMS-MADE X OCCUR			GL90732922		00/28/2016	09/28/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
	, SE 2 X 33331			OLUUT ULULL		00/20/2010	00/20/2011				5,000	
								MED EXP (Any one		\$	1,000,000	
								PERSONAL & ADV		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGREGATE		\$	2,000,000	
								PRODUCTS - COM	P/OP AGG	\$		
	OTHER:							COMBINED SINGLE	LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (PE	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	.						AGGREGATE		\$		
	DED RETENTION \$							DED	OTU	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE	NT	\$		
								E.L. DISEASE - EA EMPLOYEE		\$		
								E.L. DISEASE - POL	ICY LIMIT	\$		
DES Evid	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lence of Liability Insurance	LES (A	CORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
CERTIFICATE HOLDER						CANCELLATION						
	Kozlowski Painting Compan 8006 Westmoreland Ave Pittsburgh, PA 15218	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 1100001 gilj 1 /2 102 10						AUTHORIZED REPRESENTATIVE						
		Kusty MTuccii										