ACORD <sup>®</sup> CERI	<b>IFIC</b>	ATE OF LI	IABILI	TY IN	SURA	NCE		M/DD/YYYY) 28/2018
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AI	VELY OR JRANCE ND THE C	NEGATIVELY AME DOES NOT CONST ERTIFICATE HOLDE	ND, EXTEN ITUTE A CO R.	D OR ALTE	R THE COV ETWEEN T	ERAGE AFFORDED E	BY THE R(S), AUT	POLICIES HORIZED
IMPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	the term	ns and conditions of	the policy, o	, certain polic				
RODUCER Aon Risk Services Northeast, Inc.			CONTAC NAME: PHONE (A/C. No.	(866)	283-7122	FAX (800)	) 363-010	5
New York NY Office L99 Water Street New York NY 10038-3551 USA			E-MAIL ADDRES			(A/C. No.):	-	
CH TOLK ITT 10000 3531 054				INSURER(S) AFFORDING COVERAGE				
NSURED Cellco Partnership dba Verizon Wireless LO95 Avenue of the Americas New York NY 10036 USA			INSUREF	INSURER A: National Union Fire Ins Co of Pittsburgh				
			INSURE	INSURER B:				
			INSUREF					
				R E:				
OVERAGES CER	TIEICATE	NUMBER: 5700724	INSUREF	R F:	DI	VISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	OF INSUR QUIREMEN PERTAIN,	RANCE LISTED BELOW NT, TERM OR CONDIT THE INSURANCE AFF	V HAVE BEEN ION OF ANY ORDED BY 1	CONTRACT	THE INSURE OR OTHER I S DESCRIBE	D NAMED ABOVE FOR OCUMENT WITH RESPI	ECT TO W	/HICH THIS HE TERMS,
SR TYPE OF INSURANCE				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI		as requested
X COMMERCIAL GENERAL LIABILITY		GL4611607		06/30/2018	06/30/2019	EACH OCCURRENCE		\$4,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$4,000,000
X XCU Coverage is Included						MED EXP (Any one person)		\$10,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE		\$4,000,000 \$4,000,000
						PRODUCTS - COMP/OP AGG		\$4,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
ANYAUTO						BODILY INJURY (Per person)		
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE						AGGREGATE		
DED RETENTION								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH STATUTE ER	1-	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A								
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS DEIOW								
							1	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI E: Aberdeen Road n001, GL Location acluded as an Additional Insured w	on 427937	7, Portion of ROW	adjacent t	o 1972 Pow			n, Virgi	nia is DRE THE MTH THE
ERTIFICATE HOLDER			CANCELLA	TION				
				N DATE THERE		BED POLICIES BE CANCEL LL BE DELIVERED IN ACCO		DRE THE /ITH THE
City of Hampton, Virginia Director of Public Works 22 Lincoln Street, Fourth F Hampton VA 23669 USA	loor	-		epresentativi Ion Ra		ices Northeast,	Inc.	

@1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

ACORD <sup>®</sup> CERT	<b>TIFIC</b>		IABILI	TY IN	SURA	NCE		I/DD/YYYY) 1/2018
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	VELY OR JRANCE ND THE CI	NEGATIVELY AME DOES NOT CONST ERTIFICATE HOLDE	ND, EXTEN ITUTE A CO R.	D OR ALTE DNTRACT B	R THE COV ETWEEN T	/ERAGE AFFORDED E HE ISSUING INSURER	BY THE F (S), AUTI	POLICIES
IMPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	the term	s and conditions of	the policy,	certain polic				
PRODUCER Aon Risk Services Northeast, Inc. New York NY Office			CONTAC NAME: PHONE (A/C. No.	(866)	283-7122	FAX (A/C. No.): (800)	363-0105	
L99 Water Street New York NY 10038-3551 USA			E-MAIL ADDRES			(A.C. NO.).		
101 101 11 1000-3331 05M				INSURER(S) AFFORDING COVERAGE				
<b>NSURED</b> Cellco Partnership dba Verizon Wireless 1095 Avenue of the Americas New York NY 10036 USA			INSURE	INSURER A: National Union Fire Ins Co of Pittsburgh				
				INSURER B:				
				INSURER C:				
				RE:				
				R F:				
CER THIS IS TO CERTIFY THAT THE POLICIES		NUMBER: 5700724		N ISSUED TO		EVISION NUMBER: ED NAMED ABOVE FOR 1	THE POLIC	Y PERIOD
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, 1 I POLICIES	IT, TERM OR CONDIT THE INSURANCE AFF . LIMITS SHOWN MAY	ORDED BY 1	CONTRACT THE POLICIES REDUCED B	or other [ s describe y paid clain	DOCUMENT WITH RESPE	ECT TO W	HICH THIS
NSR TYPE OF INSURANCE	ADDL SUBR		BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	1	
		GL4611607		06/30/2018	06/30/2019	EACH OCCURRENCE DAMAGE TO RENTED		\$4,000,000 \$4,000,000
CLAIMS-MADE X OCCUR X XCU Coverage is Included						PREMISES (Ea occurrence) MED EXP (Any one person)		\$10,000
						PERSONAL & ADV INJURY		\$4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$4,000,000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		\$4,000,000
						COMBINED SINGLE LIMIT (Ea accident)		
ANYAUTO						BODILY INJURY (Per person)		
OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)		
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE		<u> </u>
EXCESS LIAB CLAIMS-MADE						AGGREGATE		
DED RETENTION								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER	-	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS BEIOW								
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL						-	· .	
E: Aberdeen Road NOO2, GL Locatic ncluded as an Additional Insured w	on 427938	, Portion of ROW	adjacent t	o 2200 w.		-	ı, Virgin	ia is
ERTIFICATE HOLDER			CANCELLA	TION				
				N DATE THERE		BED POLICIES BE CANCEL ILL BE DELIVERED IN ACCO		RE THE TH THE
City of Hampton, Virginia Director of Public Works 22 Lincoln Street, Fourth F <sup>-</sup> Hampton VA 23669 USA	loor	-			_	ices Northeast	q	
			J.	on Ita	m Serr	ices I ortheast,	Inc.	

@1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF INFORMATION ONLY AND CONFERS NO RIGH CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITI SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	TS UPON THE CERTIFICATE HOLDER. THIS COVERAGE AFFORDED BY THE POLICIES N THE ISSUING INSURER(S), AUTHORIZED
SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may	ONAL INCLIDED provisions or be endersed if
0	
PRODUCER CONTACT NAME:	
Non Risk Services Northeast, Inc. Hew York NY Office (A/C. No. Ext): (866) 283-7122 (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
99 Water Street	
	NFFORDING COVERAGE NAIC #
SURED INSURER A: National Un	ion Fire Ins Co of Pittsburgh 19445
ellco Partnership dba Verizon Wireless INSURER B:	
095 Avenue of the Americas w York NY 10036 USA INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	
OVERAGES CERTIFICATE NUMBER: 570072437803	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN: INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID C	ER DOCUMENT WITH RESPECT TO WHICH THIS RIBED HEREIN IS SUBJECT TO ALL THE TERMS,
ISR ADDLI SUBR ADDLI SUBR POLICY NUMBER POLICY EFF POLICY TR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/	EXP YYY) LIMITS
A X COMMERCIAL GENERAL LIABILITY GL4611607 06/30/2018 06/30/2	2019 EACH OCCURRENCE \$4,000,000
CLAIMS-MADE X OCCUR	DAMAGE TO RENTED \$4,000,000 PREMISES (Ea occurrence)
X XCU Coverage is Included	MED EXP (Any one person) \$10,000
	PERSONAL & ADV INJURY \$4,000,000
GEN'LAGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$4,000,000
X POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$4,000,000
	COMBINED SINGLE LIMIT
	(Ea accident)
ANYAUTO	BODILY INJURY (Per person)
OWNED SCHEDULED AUTOS ONLY AUTOS	BODILY INJURY (Per accident)
HIRED AUTOS NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)
UMBRELLA LIAB OCCUR	EACH OCCURRENCE
	AGGREGATE
DED RETENTION   WORKERS COMPENSATION AND Image: Company of the second se	
EMPLOYERS' LIABILITY Y / N	PER OTH- STATUTE ER
ANY PROPRIETOR / PARTNER / EXECUTIVE N / A	
(Mandatory in NH)	
DÉSCRIPTION OF OPERATIONS below	E.L. DISEASE-POLICY LIMIT
	guired) Ine and Aberdeen Road. City of Hampton,  ESCRIBED POLICIES BE CANCELLED BEFORE THE SE WILL BE DELIVERED IN ACCORDANCE WITH THE
	quired)
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is re RE: Aberdeen Road n003, GL Location: 427939, Portion of ROW adjacent to 1708 Todds La Virginia is included as Additional Insured with respect to the General Liability policy	ne and Aberdeen Road. City of Hamptor

©1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD