

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/28/2018

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)

PRODUCER	CONTACT NAME:				
Aon Risk Services Northeast, Inc. New York NY Office	PHONE (A/C, No. Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-010)5			
199 Water Street New York NY 10038-3551 USA	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURERA: National Union Fire Ins Co of Pittsburgh	19445			
Cellco Partnership dba Verizon Wireless	INSURER B:				
1095 Avenue of the Americas New York NY 10036 USA	INSURER C:				
	INSURER D:				
	INSURER E:				
	INSURER F:				

COVERAGES	CERTIFICATE NUMBER: 570072437803	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 SLICH POLICIES I MITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	SIONS AND CONDITIONS OF SUCH						ಣ. Limits shown are	e as requested
INSR LTR	TYPE OF INSURANCE	ADDL:	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			GL4611607	06/30/2018	06/30/2019	EACH OCCURRENCE DAMAGE TO RENTED	
x	XCU Coverage is included						PREMISES (Ea occurrence) MED EXP (Any one person)	
<u></u>	VCD Covelage is illegaged						PERSONAL & ADV INJURY	
GEN'	'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
1	POLICY PRO-						PRODUCTS - COMP/OP AGG	
	OTHER:				ļ			-
	DMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
<u> </u>	ANYAUTO		İ				BODILY INJURY (Per person)	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR	-				,	EACH OCCURRENCE	
\vdash	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
.	DED RETENTION							
	RKERS COMPENSATION AND						PER OTH-	-
	LOYERS' LIABILITY PROPRIETOR / PARTNER / EXECUTIVE Y/N						E.L. EACH ACCIDENT	
Î OFFI	CER/MEMBER EXCLUDED?	NIA					E.L. DISEASE-EA EMPLOYEE	
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
- DEG	ON THE OF CLEANING PROF	\neg						
					70000			
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACC	RD 10	01. Additional Remarks Schedule, may be	attached if more	space is required		2
≀E: Abe ∕irginia	erdeen Road n003, GL Locatio a is included as Additional :	n: 4 Insur	2793 ed v	39, Portion of ROW adjacen vith respect to the Genera	t to 1708 To	odds Lane a policy.	and Aberdeen Road. City of	Hampton,
CERTIFIC	CATE HOLDER			CANCELL	ATION			
					N DATE THEREO		BED POLICIES BE CANCELLED BEFO LL BE DELIVERED IN ACCORDANCE V	ORE THE
£ 2	City of Hampton, Virginia Director of Public Works 12 Lincoln Street, Fourth Fl Mampton VA 23669 USA	oor			epresentative In Ri		ices Northeast Inc.	

CANCELLATION

. Am Rish Services Northeast Inc.