DATE(MM/DD/YYYY) 07/31/2018 CERTIFICATE OF LIABILITY INSURANCE

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(les) 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-	0105
199 water Street Yew York NY 10038-3551 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
VSURED	INSURERA: National Union Fire Ins Co of Pittsburg	h 19445
Cellco Partnership dba Verizon Wireless	INSURER B:	
LO95 Avenue of the Americas New York NY 10036 USA	INSURER C:	
	INSURER D:	
	INSURER E;	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 570072400099	REVISION NUMBER:
THIS IS TO CERTIFY THA	AT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IS	SSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR
INDICATED, NOTWITHST	TANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CO	INTRACT 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 SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested. Limits shown are as requested ADDI SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS

١	А	X COMMERCIAL GENERAL LIABILITY	Ì		GC4611607	00/30/2010	(00) 20/ 50Ta	EACH OCCURRENCE	
1		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
1		X XCU Coverage Is Included						MED EXP (Any one person)	
١							Ì	PERSONAL & ADV INJURY	
١		GEN'L AGGREGATE LIMIT APPLIES PER:				1		GENERALAGGREGATE	
١		X POLICY PRO-	İ					PRODUCTS - COMP/OP AGG	
1		OTHER:					ļ		
Ì		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accident)	
ı		ANYAUTO	İ					BODILY INJURY (Per person)	
١		OWNED SCHEDULED		l				BODILY INJURY (Per accident)	
١		AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
L									
Γ		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	·
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
Γ		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH-	
ı	ANY PROPRIETOR / PARTNER / EXECUTIVE							E,L, EACH ACCIDENT	
			N/A	′^			E.L. DISEASE-EA EMPLOYEE		
								E.L. DISEASE-POLICY LIMIT	
Г								The state of the s	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Aberdeen Road NOO2, GL Location 427938, Portion of ROW adjacent to 2200 W. Mercury Blvd. City of Hampton, Virginia is included as an Additional Insured with respect to the General Liability policy.

CERTIFICATE	HOLDE	R
--------------------	-------	---

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Son Risk Services Northeast Inc.

City of Hampton, Virginia Director of Public Works 22 Lincoln Street, Fourth Floor Hampton VA 23669 USA