

**AGREENPLATE** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/10/2021

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.

lt tr	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to the	the cert	terms and conditions of ificate holder in lieu of su	the po Ich end	licy, certain   lorsement(s)	policies may	require an endorsemer	it. As	tatement on	
Insurance Services United, Inc 123 East Market Street York, PA 17401  INSURED  Epoxy Doctors, Inc. dba Epoxy Doc's 3670 Springetts Dr. York, PA 17406						CONTACT Amy Greenplate					
						PHONE (A/C, No, Ext): (717) 854-4043 FAX (A/C, No): (717) 854-4044  E-MAIL AND					
						INSURER A : SELECTIVE INSURANCE				12572	
						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
										NUMBER:	
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
A	X COMMERCIAL GENERAL LIABILITY		WVD	\$2476067		1/18/2021	1/18/2022	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE										
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLASE - POLICI LIMIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
CERTIFICATE HOLDER						CANCELLATION					
Proof of Liability Insurance						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					