

DATE (MM/DD/YYYY) 12/20/2016

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.

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		(-)			
PRODUCER			CONTACT NAME: Shane Smith		
Contractors Insurance	Age:	ncy	PHONE (480)804-0707	FAX (A/C, No): <sup>(480)80</sup>	4-0708
1010 E Jefferson St			E-MAIL ADDRESS: ssmith@ciacoverage.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Phoenix	ΑZ	85034	INSURER A :Contractors Bonding & Insu:	rance Co	0878
INSURED			INSURER B Acuity Insurance		
Mountainscapers LLC, D	BA:	Mountainscapers	INSURER C:		
1312 E Kaler Dr			INSURER D:		
			INSURER E:		
Phoenix	ΑZ	85020	INSURER F:		
COVERACES		CERTIFICATE NUMBER 16/17 OF 1	DA WO TIM DEVICION NUM	DED.	

COVERAGES CERTIFICATE NUMBER: 16/17 GL BA WC UM 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 SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
			х		A11A02628	12/16/2016	12/16/2017	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	100,000
В		ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED X SCHEDULED AUTOS			Z60391	12/16/2016	12/16/2017	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	х	19						Medical payments	\$	5,000
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 10,000			A31UU2628	12/16/2016	12/16/2017		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EYECLITIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
В	(Man	idatory in NH)	,,,		Z60391	12/16/2016	12/16/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Empire Southwest, LLC is listed as additional insured on the general liability policy as per endorsement CBGL0071(0512) if required by written contract for all work done by the named insured on their behalf.

CERTIFICATE HOLDER	CANCELLATION
Empire Southwest, LLC P.O. Box 2985 Phoenix, AZ 85062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
111001111, 112 03001	AUTHORIZED REPRESENTATIVE
	Shane Smith/ASH



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certificate fiolider ill fied of Suc	11 6			
PRODUCER			CONTACT Shane Smith	
Contractors Insurance A	Age:	ncy	PHONE (480)804-0707 FAX (A/C, No, Ext): (480)	804-0708
1010 E Jefferson St			E-MAIL ADDRESS: ssmith@ciacoverage.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
Phoenix A	ΔZ	85034	INSURER A:Contractors Bonding & Insurance Co	0878
INSURED			INSURER B: Acuity Insurance	
Mountainscapers LLC, DE	3 <b>A</b> :	Mountainscapers	INSURER C:	
1312 E Kaler Dr			INSURER D:	
			INSURER E:	
Phoenix A	Z	85020	INSURER F:	
COVERAGES		CERTIFICATE NUMBER:16/17 GL	BA WC UM REVISION NUMBER:	

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		_			A11A02628	12/16/2016	12/16/2017	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	100,000
В		ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED X SCHEDULED AUTOS			Z60391	12/16/2016	12/16/2017	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	х	19						Medical payments	\$	5,000
	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 10,000			A31UU2628	12/16/2016	12/16/2017		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	<u></u>	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
В	(Mar	idatory in NH) s. describe under			Z60391	12/16/2016	12/16/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	cribe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACOR	D 101, Additional Remarks Schedule, may	be attached if m	ore space is req	uired)		

CENTIFICATE HOLDEN	CANCELLATION
(602)957-8802	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE (
AAM T.T.C	THE EXPIRATION DATE THEREOF, NOTICE WILL

1600 West Broadway, Suite 200 Tempe, AZ 85282 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

Shane Smith/AS

CANCELLATION

CERTIFICATE LIQUEDER



DATE (MM/DD/YYYY) 12/20/2016

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PRODUCER			CONTACT NAME: Shane Smith		
Contractors Insurance	Age:	ncy	PHONE (480)804-0707	FAX (A/C, No): <sup>(480)80</sup>	4-0708
1010 E Jefferson St			E-MAIL ADDRESS: ssmith@ciacoverage.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Phoenix	ΑZ	85034	INSURER A :Contractors Bonding & Insu:	rance Co	0878
INSURED			INSURER B Acuity Insurance		
Mountainscapers LLC, D	BA:	Mountainscapers	INSURER C:		
1312 E Kaler Dr			INSURER D:		
			INSURER E:		
Phoenix	ΑZ	85020	INSURER F:		
COVERACES		CERTIFICATE NUMBER 16/17 OF 1	DA WO TIM DEVICION NUM	DED.	

COVERAGES CERTIFICATE NUMBER: 16/17 GL BA WC UM REVISION NUMBER:

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INSR			ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	·		
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
			x		A11A02628	12/16/2016	12/16/2017	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	100,000
В		ANY AUTO						BODILY INJURY (Per person)	\$	
_		ALL OWNED X SCHEDULED AUTOS			Z60391	12/16/2016	12/16/2017	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	х	19						Medical payments	\$	5,000
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A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 10,000			A31UU2628	12/16/2016	12/16/2017		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
В	(Man	datory in NH)			Z60391	12/16/2016	12/16/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
						1				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is an additional insured with primary & non-contributory and waiver of subrogation as per CBGL0071(0512) if required by written contract for all work done by the named insured on their behalf.

CERTIFICATE HOLDER	CANCELLATION
American Shows Inc 4 Via Verde Rancho Mirage, CA 92270	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
nancilo milago, cii 92270	AUTHORIZED REPRESENTATIVE
	Shane Smith/ASH

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PRODUCER		CONTACT Shane Smith	
Contractors Insurance Age	ency	PHONE (480)804-0707 FAX (A/C, No, Ext): (480)	804-0708
1010 E Jefferson St		E-MAIL ADDRESS: ssmith@ciacoverage.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Phoenix AZ	85034	INSURER A:Contractors Bonding & Insurance Co	0878
INSURED		INSURER B Acuity Insurance	
Mountainscapers LLC, DBA	: Mountainscapers	INSURER C:	
1312 E Kaler Dr		INSURER D:	
		INSURER E:	
Phoenix AZ	85020	INSURER F:	
001/504.050	OFFICIOATE NUMBER 16/18 GT	DA WA THE DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 16/17 GL BA WC UM REVISION NUMBER:

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				(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
			A11A02628	12/16/2016	12/16/2017	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
GEN						GENERAL AGGREGATE	\$	2,000,000	
Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						\$		
AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	100,000	
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS		Z60391	12/16/2016	12/16/2017	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
х	19					Medical payments	\$	5,000	
х	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000	
	DED X RETENTION\$ 10,000		A31UU2628	12/16/2016	12/16/2017		\$		
	EMBLOVEDOLLIADILITY					PER OTH- STATUTE ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000	
(Man	ndatory in NH)		Z60391	12/16/2016	12/16/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
DES	CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	X  AU1  X  X  X  X  X  If you have a continue of the continue	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS  HIRED AUTOS X 19  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUET LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  HIRED AUTOS  X 19  X UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION  AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  I ves. describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X 19  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBR INSD POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  A11A02628  12/16/2016  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  WON-OWNED AUTOS  X 19  X UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  I 12/16/2016  12/16/2016  12/16/2016	TYPE OF INSURANCE  ADDL SUBR INSD  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCE OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X 19  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION ANY EXCENSION AND EMPLOYERS' LIABILITY  ANY ANY EXCENSION AND EMPLOYERS' LIABILITY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/PRIMEMBER EXCLUDED? (Mandatory in NH) It yes, describe under	TYPE OF INSURANCE  INSD WYD POLICY NUMBER  (MM/DD/YYYY) MM/DD/YYYY)  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS  X 19  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION 10,000  A31UU2628  I12/16/2016  I2/16/2016  I2/16/2016  I2/16/2016  I2/16/2017  MM/DD/YYYY) MM/DD/YYYY)  EACH OCCURRENCE ACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)  IMIT ALIOWOED 12/16/2016  I2/16/2016  I2/16/2016  I2/16/2017  BODILY INJURY (Per person)  BODILY INJURY (Per person)  Medical payments  EACH OCCURRENCE AGGREGATE  PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) Medical payments  IN/A III/III/III/III/III/III/III/III/III/I	TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYY) (M	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MEB Management Services and all owner entities of their owned or managed properties where services are provided are additional insured on the General Liability policy.

CERTIFICATE HOLDER	CANCELLATION

MEB Management Services c/o Notivus 5174 McGinnis Ferry Rd. Suite 133 Alpharetta, GA 30005 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

Shane Smith/AS

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Contractors Insurance A	gency	PHONE (4/C, No, Ext): (480)804-0707 FAX (A/C, No): (480)804-0708					
1010 E Jefferson St		E-MAIL ADDRESS: ssmith@ciacoverage.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
Phoenix A	z 85034	INSURER A:Contractors Bonding & Insurance Co	0878				
INSURED		INSURER B Acuity Insurance					
Mountainscapers LLC, DB	A: Mountainscapers	INSURER C:					
1312 E Kaler Dr		INSURER D:					
		INSURER E:					
Phoenix A	z 85020	INSURER F:					
COVERAGES	CERTIFICATE NUMBER:16/17 GL	BA WC IJM REVISION NUMBER:					

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A		CLAIMS-MADE X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		_				A11A02628	12/16/2016	12/16/2017	MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPL	LIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	х	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	100,000	
В		ANY AUTO							BODILY INJURY (Per person)	\$		
		AUTOS AUTOS	HEDULED ITOS			Z60391	12/16/2016	12/16/2017	BODILY INJURY (Per accident)	\$		
			ON-OWNED OTOS						PROPERTY DAMAGE (Per accident)	\$		
	х	19							Medical payments	\$	5,000	
	Х	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	2,000,000	
A		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	2,000,000	
		DED X RETENTION\$	10,000			A31UU2628	12/16/2016	12/16/2017		\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
В	ANY	PROPRIETOR/PARTNER/EXE CER/MEMBER EXCLUDED?	ECUTIVE Y/N	N/A	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)				Z60391	12/16/2016	12/16/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES	s, describe under CRIPTION OF OPERATIONS	below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

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

CERTIFICATE HOLDER	CANCELL ATION

Proof of Insurance Please call with the named & Address of the Certificate Holder.

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

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