



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2014

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 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 [REDACTED] Richmond VA 23219		CONTACT NAME [REDACTED] PHONE (A/C, No, Ext) 804 [REDACTED] FAX (A/C, No) 804 [REDACTED] E-MAIL ADDRESS [REDACTED]																									
INSURED [REDACTED] Richmond VA 23219		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A</td> <td>[REDACTED]</td> <td>NAIC #</td> <td>22306</td> </tr> <tr> <td>INSURER B</td> <td>[REDACTED]</td> <td></td> <td>21105</td> </tr> <tr> <td>INSURER C</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> <td></td> <td></td> </tr> </table>		INSURER A	[REDACTED]	NAIC #	22306	INSURER B	[REDACTED]		21105	INSURER C				INSURER D				INSURER E				INSURER F			
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COVERAGES **CERTIFICATE NUMBER: 731330688** **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	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X No Ded/NIL GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT X LOC OTHER:		[REDACTED]	6/27/2014	7/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS		[REDACTED]	6/27/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$Nil		[REDACTED]	6/27/2014	7/1/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$20,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Encroachment Application #1368; 420 E Grace St, Richmond VA 23219

The City of Richmond is included as an Additional Insured under the General Liability for work performed by the Named Insured as required by written contract or agreement. Per the cancellation wording listed on this form, the policy provisions include at least 45 days notice of cancellation except for 15 days for non-payment of premium.

CERTIFICATE HOLDER City of Richmond Surveys-RM600 900 E Broad Street Richmond VA 23219	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 [REDACTED]
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