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ACARTER DATE (MM/DD/YYYY)

CARLSYS-01

-		CERTIFICATE OF LIABILITY INSURANCE									10/11/2018	
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).												
PR	ODUC	ER				CONTACT Ashley Carter						
Richmond / AssuredPartners of Virginia, LLC 4905 Dickens Road, Suite 200 Richmond, VA 23230						PHONE (A/C, No, Ext): (804) 213-3529 4529 E-Mail ADDRESS: ashley.carter@assuredpartners.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Philadelphia Indemnity Insurance Co					18058	
INSURED						INSURER B : Selective Insurance Co of Southeast				39926		
Carlton-Gray Systems, Inc.						INSURER C : Hartford Fire Insurance Co					19682	
206 Haley Road Ashland, VA 23005							INSURER D :					
							INSURER E :					
						INSURER F :						
_ <b>C</b> (	OVE	RAGES CER	TIFI	CATE	E NUMBER:	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.											WHICH THIS	
INS		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A	X	COMMERCIAL GENERAL LIABILITY			PHPK1748714		01/01/2018	01/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000	
	-	POLICY X JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
В	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO			S2219014		01/01/2018	01/01/2019	BODILY INJURY (Per person)	\$		
		AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
A	X	UMBRELLA LIAB X OCCUR								\$	1,000,000	
		UMBRELLA LIAB X OCCUR   EXCESS LIAB CLAIMS-MADE   Ded X RETENTION \$ 10,000			PHUB610125		01/01/2018	01/01/2019	EACH OCCURRENCE	\$	1.000.000	
									AGGREGATE Per/Adv Injury	\$	1,000,000	
С	wo	RKERS COMPENSATION							V PER OTH-	\$		
	ANI	AND EMPLOYERS" LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		14 WEC CL4869	14 WEC CL4869		01/01/2018	01/01/2019			500,000	
	OFF								E.L. EACH ACCIDENT	\$	500,000	
	If ve	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		500,000	
В		tallation Floater			S2219014		01/01/2018	01/01/2019	Deductible: \$500	<u></u>	50,000	
Exc	clude	TION OF OPERATIONS / LOCATIONS / VEHIC d Officers: Marshall Folkes & Clair I			) 101, Additional Remarks Schedul	CANC	ELLATION		ESCRIBED POLICIES BE C	ANCEL		
For Informational Purposes Only							EXPIRATIO	N DATE TH	EREOF, NOTICE WILL			

AUTHORIZED REPRESENTATIVE

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