

RLAUGHERTY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/31/2020

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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	orsement(s)		require an end				
PRODUCER Rupp & Fiore Insurance Management, Inc. 12875 Rt 30 North Huntingdon, PA 15642						CONTACT NAME: PHONE (A/C, No, Ext): (724) 861-0300 E-MAIL ADDRESS: info@ruppfiore.com						
INSURED J B Myers Enterprises, Inc						INSURER A : Berkley Mid-Atlantic INSURER B :					31323	
						INSURER C:					1	
Port-A-John Rental Co.						INSURER D :						
2019 Route 217 Hwy S Blairsville, PA 15717					INSURE							
						INSURER F:						
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUI	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	NSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP					
Ā	X COMMERCIAL GENERAL LIABILITY	IIIOD				(MINI/DE/1111)	<u> </u>	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPA4362025-43		2/6/2020	2/6/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one		\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
								GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- OTHER:						PRODUCTS - COM	P/OP AGG	\$	2,000,000		
Α	AUTOMOBILE LIABILITY			CAA4362026-43		2/6/2020	2/6/2021	COMBINED SINGLI (Ea accident)	E LIMIT	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$		
										\$		
Α	UMBRELLA LIAB OCCUR				0/0/0000	0/0/0004	EACH OCCURRENCE		\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			CPA4362025-43		2/6/2020	2/6/2021	AGGREGATE \$		\$	4 000 000	
Α.	DED RETENTION \$							DED	OTH	\$	1,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WCA4362028-43		2/6/2020	2/6/2021	PER STATUTE	OTH- ER		500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WCA4302020-43				E.L. EACH ACCIDE	NT	\$	500,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		\$	500,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	300,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (ACORT	101 Additional Remarks Schedu	ıle may be	attached if mor	e snace is requi	red)				
DLO	ON HONOLOGICATIONS	(ACOK.	7 101, Additional Remarks ochedu	ne, may be	attached ii illor	e space is requi	ieu)				
CERTIFICATE HOLDER						CANCELLATION						
Evidence of 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.						
						RIZED REPRESE		····				