



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 3/9/20

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY VALLEY TRUST INSURANCE GROUP 829 GREENVILLE AVE STAUNTON, VA 24401-4941 (540)885-5531	AGENT'S NO. DD2089	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
--	------------------------------	--

NAME AND ADDRESS OF NAMED INSURED JOHNNY'S JACKS JOHN & TARA KRYSIEWICZ D/B/A 244 NORTHVIEW DR DAYTON, VA 22821	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
--	---

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
E <input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q33 1920782	9/19/19	9/19/20	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">EACH OCCURRENCE</td><td style="width: 50%; text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 1,000,000	MED EXP (Any One Person)	\$ 5,000	PERSONAL & ADV. INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OP AGG	\$ 2,000,000				
EACH OCCURRENCE	\$ 1,000,000																				
FIRE DAMAGE (Any One Fire)	\$ 1,000,000																				
MED EXP (Any One Person)	\$ 5,000																				
PERSONAL & ADV. INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS-COMP/OP AGG	\$ 2,000,000																				
E <input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q09 1930632	9/19/19	9/19/20	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">BODILY INJURY (EACH PERSON)</td><td style="width: 50%; text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000								
BODILY INJURY (EACH PERSON)	\$																				
BODILY INJURY (EACH ACCIDENT)	\$																				
PROPERTY DAMAGE	\$																				
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000																				
E <input type="checkbox"/>	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$	Q33 1970195	9/19/19	9/19/20	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">EACH OCCURRENCE</td><td style="width: 50%; text-align: right;">\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$		\$								
EACH OCCURRENCE	\$ 2,000,000																				
AGGREGATE	\$ 2,000,000																				
	\$																				
	\$																				
E	WORKERS COMPENSATION & EMPLOYERS LIABILITY	Q90 0300738	6/3/19	6/3/20	<table style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4" style="text-align: center; font-weight: normal;">STATUTORY</th></tr> <tr><td style="width: 10%;"></td><td style="width: 10%;">BODILY INJURY BY</td><td style="width: 30%;">ACCIDENT</td><td style="width: 50%; text-align: right;">\$ 500,000 EACH ACCIDENT</td></tr> <tr><td></td><td></td><td>DISEASE</td><td style="text-align: right;">\$ 500,000 POLICY LIMIT</td></tr> <tr><td></td><td></td><td>DISEASE</td><td style="text-align: right;">\$ 500,000 EACH EMPLOYEE</td></tr> </table>	STATUTORY					BODILY INJURY BY	ACCIDENT	\$ 500,000 EACH ACCIDENT			DISEASE	\$ 500,000 POLICY LIMIT			DISEASE	\$ 500,000 EACH EMPLOYEE
STATUTORY																					
	BODILY INJURY BY	ACCIDENT	\$ 500,000 EACH ACCIDENT																		
		DISEASE	\$ 500,000 POLICY LIMIT																		
		DISEASE	\$ 500,000 EACH EMPLOYEE																		
	OTHER																				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 OneSource Building Technologies is listed as additional insured with regard to the Commercial General Liability policy.

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER OneSource Building Technologies PO Box 842399 Houston, TX 77284	AUTHORIZED REPRESENTATIVE
--	--------------------------------------