



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2014

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<br>Hampson Mowrer Kreitz Agency<br>54 S. Commerce Way, Suite 150<br><br>Bethlehem PA 18017 | CONTACT NAME:                           |                                |        |
|   | PHONE (A/C. No. Ext): (610) 868-8507    | FAX (A/C. No.): (610) 868-7604 |        |
| INSURED<br>BE Stucco Inc., DBA: Bestucco Inc.<br>444 Schantz Rd.<br><br>Allentown PA 18104          | E-MAIL ADDRESS:                         |                                |        |
|   | INSURER(S) AFFORDING COVERAGE           |                                | NAIC # |
|   | INSURER A: Cincinnati Specialty         |                                |        |
|   | INSURER B: Cincinnati Insurance Company | 10677                          |        |
|   | INSURER C: Torus National Insurance     | 25496                          |        |
|   | INSURER D:                              |                                |        |
|   | INSURER E:                              |                                |        |
|   | INSURER F:                              |                                |        |

COVERAGES CERTIFICATE NUMBER: 13g1/auto/ump/eqp 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 INSR   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  |   |          | CSU0040588    | 8/17/2013               | 8/17/2014               | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |   |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |   |          |               |                         |                         | MED EXP (Any one person) \$ EXCLUDED                 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                           |   |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          |  |   |          |               |                         |                         | PRODUCTS - COM/POP AGG \$ 2,000,000                  |
|          |  |   |          |               |                         |                         | \$   |
| B        | AUTOMOBILE LIABILITY   |   |          | EBA0157617    | 8/17/2013               | 8/17/2014               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | <input checked="" type="checkbox"/> ANY AUTO   |   |          |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS   | <input type="checkbox"/> SCHEDULED AUTOS            |          |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  | <input checked="" type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          |  |   |          |               |                         |                         | Uninsured motorist combined \$ 100,000               |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |   |          | 81198J140ALI  | 5/14/2014               | 5/14/2015               | EACH OCCURRENCE \$ 3,000,000                         |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |   |          |               |                         |                         | AGGREGATE \$ 3,000,000                               |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |   |          |               |                         |                         | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |          |               |                         |                         | WC STATUTORY LIMITS OTH-ER                           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          |  |   |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |  |   |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |
| B        | LEASED/RENTED EQUIPMENT  |   |          | ENP0157617    | 8/17/2013               | 8/17/2014               | LIMIT \$175,000<br>DEDUCTIBLE \$500                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: WAL-MART #1578

ADDITIONAL INSURED IN REGARDS TO GENERAL LIABILITY (INCLUDING COMPLETED OPERATIONS) ON A PRIMARY & NON-CONTRIBUTORY BASIS WHEN REQUIRED IN A WRITTEN CONTRACT: AARENE CONTRACTING, LLC ALONG WITH THEIR RESPECTIVE OFFICERS, AGENTS AND EMPLOYEES. A WAIVER OF SUBROGATION APPLIES ON GENERAL LIABILITY AND AUTO LIABILITY WHEN REQUIRED IN A WRITTEN CONTRACT

**CERTIFICATE HOLDER****CANCELLATION**

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|  | 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<br><br>T Hartzell, CPCU/RDK <i>Thomas R Hartzell, CPCU</i>   |