



CERTIFICATE OF INSURANCE

Certificate issued to:

This is to certify that Policy Number **05771453** issued in the name of:

Bestucco Inc
444 Schantz Road
Allentown, PA 18104

Is in force on the date hereof, as follows:

Kind of Insurance: Workers' Compensation and Employers Liability
Policy Period: Effective: 10/13/2014 at 12:01 AM
 Expiration: 10/13/2015 at 12:01 AM

Limits of Liability: Workers' Compensation Insurance fully complies with the provisions of the Pennsylvania Workers' Compensation Act and the Pennsylvania Occupational Disease Act as re-enacted.

Employers Liability Insurance:

Bodily Injury by Accident	\$1,000,000	Each Accident
Bodily Injury by Disease	\$1,000,000	Each Employee
Bodily Injury by Disease	\$1,000,000	Policy Limit

Job/Site Memo: THIS CERTIFICATE COVERS ALL JOB SITES.

Description of Work Covered:

- 0653 MASONRY
- 0669 PLASTERING
- 0951 SALESPERSON - OUTSIDE
- 0953 OFFICE

Coverage includes all operations incidental to the business of the insured for Pennsylvania employees only and includes Pennsylvania employees whose duties require them to go beyond the territorial limits of the Commonwealth as provided by Section 305.2 of Pennsylvania Workers' Compensation Act as amended.

30-Day Cancellation Clause: In accordance with the procedures for cancellation, the State Workers' Insurance Fund will endeavor to give 30 days notice before the cancellation becomes effective. However, the policyholder may cancel forthwith without prior notice to SWIF.