

CERTIFICATE OF LIABILITY INSURANCE

3/25/2016

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).

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PRODUCER	CONTACT Pam N Zeyak				
Associated Insurance Management, Inc. 1300 Spring Street	PHONE (A/C, No, Ext): (240) 638-4056 FAX (A/C, No): (866)	227-4599			
Suite 300	E-MAIL ADDRESS: pnzeyak@aimcommercial.com				
Silver Spring, MD 20910	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Sentinel Insurance Company	11000			
INSURED	INSURER B: Hartford Accident & Indemnity	22357			
Loya Consulting Group, LLC DBA Energy Dynamics	INSURER C: Trumbull Insurance Co.	27120			
903 Willowleaf Way	INSURER D:				
Rockville, MD 20854	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE 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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				(EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR			42SBAPG8105	04/25/2015	04/25/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	X	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY				11/12/2015	11/12/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В		ANY AUTO			42UECNI7964			BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
C AN OF (M		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	OPRIETOR/PARTNER/EXECUTIVE		/ A	42WECCS4143	02/02/2016	02/02/2017	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	.,,,	1				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A Employee Dishonesty				42SBAPG8105	04/25/2015	04/25/2016	Ded: \$100		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

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