A	Ĉ	ORD		C	FR	TIE		RII I					OP ID: MP (MM/DD/YYYY)	
C B	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.													
ll ti	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 Ball-Martin Ins. Agency, Inc. 589 Southlake Blvd.								CONTACT NAME: Michael Pritchard PHONE (A/C, No, Ext): 804-379-4600 FAX (A/C, No): 804-379-5336						
P.O. Box 35632 Richmond, VA 23235 Jason Ball									ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Liberty Mutual Insurance					
INSURED Johnny On The Spot Services, LLC Lisa Johnson									INSURER B : Commonwealth Contractors INSURER C : Selective Ins. Co. of America					
13904 Summersedge Terr Chesterfield, VA 23832									INSURER D : 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	INSUR	ANCE		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	мітѕ		
A	X	COMMERCIAL GI	_				BKS 55678305		11/08/2014	11/08/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 1,000,000	
											MED EXP (Any one person)	\$	15,000 1,000,000	
	GEN	N'L AGGREGATE L									PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
	GLI		RO- ECT	X LOC							PRODUCTS - COMP/OP AG		2,000,000	
		OTHER:	201									\$,,	
	AUT		ТΥ								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO									BODILY INJURY (Per persor	ı) \$		
		ALL OWNED AUTOS HIRED AUTOS		SCHEDULED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	\$		
	X	UMBRELLA LIAB										\$	5,000,000	
A	^	EXCESS LIAB	' -	00001			USO 55678305		11/08/2014	11/08/2015	EACH OCCURRENCE	\$	5,000,000	
 ^		X	ENTIO		_				11/00/2014	11/00/2010	AGGREGATE	\$	3,000,000	
		RKERS COMPENSA	ATION	ÎΝΨ							X PER OTH STATUTE ER			
в	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				N/A		6023412	ſ	04/01/2014	04/01/2015	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mar	ndatory in NH)	LUDED)?		`					E.L. DISEASE - EA EMPLOY	EE \$	1,000,000	
	If yes DES	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIM	IT \$	1,000,000	
C	C EMPLOYEE DISHONESTY						B 6005368		09/23/2014	09/23/2015	LIMIT DED		10,000 100	
DES		ION OF OPERATIO	DNS/I	OCATIONS / VEHIC	LES (ACORF) 0 101, Additional Remarks Schedu	le, mav h	e attached if mor	e space is require	 ed)			
	<u></u>							<u></u>						
CE	KIIF	ICATE HOLD	νEK				JOHNON1	CAN	CELLATION					
Johnny On The Spot Services, LLC 13904 Summersedge Terr Chesterfield, VA 23832									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
									Thomas m. Partition					

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD