

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) **4/25/2017** 

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).

	DUCER			NAME:					
H	ALLMARK INSURANCE GROU	P		PHONE (A/C, No, Ext): (703)491-8060 FAX (A/C, No)(703)490-5359					
P O Box 1637				E-MAIL ADDRESS:	, == = = =	(A/O, NO)			
Woodbridge, VA 22195									
				INSURER(S) AFFORDING COVERAGE				NAIC#	
				INSURER A: ERIE INSURANCE					
INSURED BSA CONTRACTORS, LLC. 7712 NEWINGTON FOREST				INSURER B:					
				INSURER C:					
	SPRINGFIELD, VA 22153			INSURER D:					
(571)830-8362				INSURER E:					
				INSURER F:					
CO	/ERAGES CER	REVISION NUMBER:							
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									
IN CI	DICATED. NOTWITHSTANDING ANY REQUIREM ERTIFICATE MAY BE ISSUED OR MAY PERTAIN CCLUSIONS AND CONDITIONS OF SUCH POLICIES	IENT, TEI N, THE IN	RM OR CONDITION OF ANY CONTR NSURANCE AFFORDED BY THE PO	RACT OR OTHER DOCUM PLICIES DESCRIBED HER	IENT WITH RES	PECT TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL SI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	X COMMERCIAL GENERAL LIABILITY	"	. SEIOT NOMBER	(//////////////////////////////////		EACH OCCURRENCE	<del></del>	,000,000	
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000	
			035-2820488	11/28/16	11/28/17	MED EXP (Any one person) \$		5,000	
	⊢———		200 2020100	11, 20, 10				,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					OZNENIE NOONZONIE		,000,000	
	POLICY X PRO-				<u> </u>	PRODUCTS - COMP/OP AGG		,000,000	
	OTHER: AUTOMOBILE LIABILITY	$\vdash$				COMBINED SINGLE LIMIT (Ea accident)	\$ \$ <b>1</b>	,000,000	
A	ANYAUTO V ALLOWNED SCHEDULED							70007000	
						BODILY INJURY (Per accident)	\$		
			Q013130893	01/31/1701/31/18	01/31/18	PROPERTY DAMAGE	\$		
					(Per accident)	\$			
A	UMBRELLA LIAB X OCCUR		000001610	22/22/2		EACH OCCURRENCE	<b>\$ 4</b>	,000,000	
	EXCESS LIAB CLAIMS-MADE		Q03201612	03/20/170:	13/20/18	AGGREGATE \$ 4,		,000,000	
	DED RETENTION\$	DED RETENTION\$					\$		
<b>A</b> (1)	DRKERS COMPENSATION D EMPLOYERS' LIABILITY				12/05/17	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A	Q960500585	12/05/16		E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000	
	DESCRIPTION OF CLEANING BOOM					E.E. DIOENCE T GETOT ETWIT	Ţ		
A	LEASED, BORROWED RENTED EQUIPMENT		Q35-2820488	11/28/16	11/28/17			\$50,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
PR	OPOSAL PURPOSES ONLY								
CERTIFICATE HOLDER				CANCELLATION					
CLI	ATHIOMIL HOLDEN	ONIOLLEATION							
PROPOSAL PURPOSES ONLY				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					