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ISSUE:01/13/2017	DATE OF ISSU				ISURANCE	MORANDUM OF IN	ME
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		В			1-866-509-9444		
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_	Y LETTER	COMPAN		•	L KEPT WINDOWS INC	WEL	
	D				63 BERMUDA ST		
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to reflect all the	. It is not intomaled to not			of inform			
	e. It is not intended to ret rance policy and does no						
	y the listed policy is subj				e afforded by the listed	r, or extend the coverage	alter
	T	T			itions of such policies.	ns, exclusions and condi	term
ARE AS REQUESTED	LIMITS SHOWN ARE A	EXP. DATE	. DATE	EFF.	POLICY NUMBER	TYPE OF INSURANCE	CO LTR
LIMIT \$1,000,000	COMBINED SINGLE LIMIT (Ea. Accident)					COMMERCIAL AUTOMOBILE LIABILITY	
BODILY INJURY \$ (Per person)		01/05/2017		9100137121 00	ANY AUTO	Α	
۶		01/05/2018	/2017	01/05/	9100137121 00	☐ALL OWNED AUTOS ☐HIRED AUTOS	
\$		01/05/2018	/2017	01/05/	9100137121 00	□ ALL OWNED AUTOS □ HIRED AUTOS □ SCHEDULED AUTOS □ NON-OWNED AUTOS □	
\$	(Per person) BODILY INJURY	01/05/2018	/2017	01/05/	9100137121 00	☐HIRED AUTOS ☐SCHEDULED AUTOS	
\$	(Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE					☐HIRED AUTOS ☐SCHEDULED AUTOS ☐NON-OWNED AUTOS ☐	DESC
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	e. It is not intended to ref	Y LETTER B Y LETTER C Y LETTER D Y LETTER E	COMPAN COMPAN COMPAN mation for	of inforn	ned to you as a matter o	dericksburg, VA 22412 66-509-9444 URED: LL KEPT WINDOWS INC 63 BERMUDA ST ANDO, FL 32828 VERAGES memorandum is furnish	INSU WEL 1576 ORLA COV This