

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2017

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).

PRODUCER DREAM PROTECTORS INSURANCE CORP DREAM PROTECTORS INSURANCE CORP DREAM PROTECTORS INSURANCE CORP DROTECTORS INSURANCE CORP DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE, MD 21215 DEMOLITION MAN CONTRACTING LLC 1NSURER B: 1NSURER C: 1NSURER C: 1NSURER B: 1NSURER C: 1NSURER B: 1NSURER C: 1NSURER B: 1NSURER C: 1NSURER	certificate holder in lieu of such endorsement(s).		CONTACT SCOTT D			
TOUR PROJECT OF THE POLICY BY ADDRESS. DEREPPARD@GMAIL.COM. INSURER 1. DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE. MD 21215 DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE. MD 21215 DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE. MD 21215 DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE. MD 21215 DEMOLITION MAN CONTRACT DIMENSIAN CONTRACTING LLC MSURER 8: INSURER 9: INSURER 1: INSUR			NAME: SCOTT R	EPPARD	FAX	
FREDERICK, MD 21704 RISURERS, APPRENDIX COVERAGE DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE, MD 21215 DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE, MD 21215 RISURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 3: INSURER 1: INSURER 1: INSURER 3: INSURER 3: INSURER 3: INSURER 3: INSURER 4: INSURER 5: INSURER 5: INSURER 6: INSURER 6: INSURER 6: INSURER 7: INSURER 7: INSURER 7: INSURER 7: INSURER 7: INSURER 7: INSURER 8: INSURER 8: INSURER 8: INSURER 9: I	DREAM PROTECTORS INSURANCE CORP		(A/C, No, Ext): 301-98			
INSURER A: COLONY INS CO INSURER B: INSURER	5735-B INDUSTRY LN STE 204		ADDRESS: DSREPP			
DEMOLITION MAN CONTRACTING LLC 4213 REISTERSTOWN RD BALTIMORE, MD 21215 ROUTER DISTRICT STORY RD BALTIMORE, MD 21215 COVERAGES CERTIFICATE NUMBER: NSURER E: NSURER F: NSUR	FREDERICK, MD 21704		INS	URER(S) AFFOR	DING COVERAGE	NAIC #
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	If yes, describe under				E.L. DISEASE - POLICY LIMIT	\$
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED			6/			

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OP ID: BO

DATE (MM/DD/YYYY)

03/21/2017

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Certifica	te floider in fied of such chaofschicht(b).					
PRODUCER		CONTACT Brenda Smith	CONTACT Brenda Smith			
	nsurance Incorporated 10461 Mill Run Circle Ste 1000	PHONE (A/C, No, Ext): 410-753-1900 FAX (A/C,	No): 410-753-1899			
Owings Mills, MD 21117 Alan J. Summerfield CPCU LLC	E-MAIL ADDRESS: bsmith@insurance-inc.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Chesapeake Employers	11039			
INSURED	Demolition Man Contracting LLC	INSURER B:				
	Paula Richardson	INSURER C:				
4200 Kelway Road Baltimore, MD 21218	INSURER D:					
	INSURER E :					
	INSURER E :					

REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ \$ PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY LOC \$ OTHER COMBINED SINGLE LIMIT \$ **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO \$ **BODILY INJURY (Per accident)** SCHEDULED ALL OWNED AUTOS AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS \$ EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR AGGREGATE \$ **EXCESS LIAB** CLAIMS-MADE RETENTION \$ DED X STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 03/04/2017 03/04/2018 E.L. EACH ACCIDENT 5112990 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)

If yes, describe under
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-	1131-101n	PARADI3	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 Alen J. Jummlefüll			

ACORD