

**VGOMEZ** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 1/9/2019

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

INSURER A : Erie Insurance Exchange INSURER B : Hartford Fire Insurance INSURER B : Hartford Fire Insurance INSURER C :    INSURER C :	С	certif	ficate does	not	confer	rights t	o the	cert	ificate holder in lieu of su		. ,						
44675 Cape Ct. Suite 100 Ashburn, VA 20147    Ashburn, VA 20147   E-MAIL																	
Ashburn, VA 20147    ADDRESS: Mrodriguez@integrated-L   INSURER A : Erie Insurance Exchange     INSURER B : Hartford Fire Insurance     INSURER B : Hartford Fire Insurance     INSURER C :											(A/C, No, Ext): (703) 485-1979 (A/C, No):						
INSURER A : Erie Insurance Exchange INSURER B : Hartford Fire Insurance INSURER B : Hartford Fire Insurance INSURER C :    INSURER C :				•						E-MAIL ADDRE	<sub>ss:</sub> Mrodrigu	ıez@integr	ated-usa.cor	n			
INSURER B: Hartford Fire Insurance  Total Mechanical Services LLC PO 5625 Springfield, VA 22150  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCU CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST  TYPE OF INSURANCE ADDL SUBP NINSD WYD POLICY NUMBER  A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  Q45-2650904  INSURER B: Hartford Fire Insurance INSURER C: INSURER D: INSURER C: INSURER D: INSURER C: INSURER D: INSURER C: INSURER D: INSURER D: INSURER D: INSURER C: INSURER D: I											INSURER(S) AFFORDING COVERAGE					NAIC #	
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Total Mechanical Services LLC PO 5625 Springfield, VA 22150    INSURER D :   INSURER E :   INSURER F :	_ >	ED.									INSURER B. Hartford Fire Insurance Co.					19682	
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A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Q45-2650904  9/26/2018 9/26/2019  EACH C DAMAG PREMIS MED EX	INSR = USE OF WALLET										POLICY FFF POLICY FXP						
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	-		_ OLAIMO-MAD	<u> </u>	Λ 000	JOIN			Q43-2030904		3/20/2018				\$	10,000	
PERSO													MED EXP (Any one person)		\$	1,000,000	
													PERSONAL & ADV INJURY		\$	2,000,000	
													GENERAL AGGREGATE		\$	2,000,000	
X POLICY PRODU		POL	LICY JEC	CT	LC	C							PRODUCTS - CO	MP/OP AGG	\$	2,000,000	
OTHER:  A AUTOMOBILE LIABILITY  COMBILE (Fa according to the content of the conte													COMBINED SING (Ea accident)	LE LIMIT	\$	1,000,000	
000 000007	ANY AUTO OWNED AUTOS ONLY AUTOS						Q09-2630967		9/26/2018	9/26/2019	BODILY INJURY (Per person) \$		-				
											BODILY INJURY (Per accident) \$						
HIRED NON-OWNED AUTOS ONLY NON-OWNED (Per acc						VNED							PROPERTY DAM (Per accident)	AGE			
AUTOS ONLY AUTOS ONLY LIPEr acc		AUT	TOS ONLY		AUTOS	ONLY							(Per accident)		\$		
A X UMBRELLA LIAB X OCCUR	Y UMPRELLATION Y COOLIN						O33-2670318		9/26/2018	9/26/2019			\$	5,000,000			
C33-2670318 9/26/2018 9/26/2019	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE					\$	5,000,000					
AGGRE						IIVIS-IVIADE	1	400 2070010			AGGREGATE		\$	3,000,000			
	DED RETENTION \$										▼ PER	OTH-	\$				
Y/N 42WECAC314E 41/10/2019 11/10/2019	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						42WECAC31 1E	1	11/19/2018	11/19/2019	TOTATOTE	ER		1,000,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N/A		42WEGAGSETI				E.L. EACH ACCID	ENT	\$	1,000,000			
L.L. Dic	(Mandatory in NH)  If yes, describe under												E.L. DISEASE - E	A EMPLOYEE	\$	, ,	
DESCRIPTION OF OPERATIONS below E.L. DIS	Š	ÉSCRIP	PTION OF OPER	RATIC	ONS below	<b>/</b>							E.L. DISEASE - P	OLICY LIMIT	\$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	٥.	IPTION (	OF OPERATION	NS/L	OCATION	NS / VEHIC	LES (	ACORE	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)				
CERTIFICATE HOLDER CANCELLATION		ΓIFICA	ATE HOLDE	ER						CANCELLATION							
THE EXPIRATION DATE THEREOF	Proof of Insurance 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										AUTHO							