

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/2/2014

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(les) 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	CONTACT Barbara Burns					
Rossmann-Hurt-Hoffman Inc.	PHONE (AIC. No. Ext): (410) 465-4300 FAX (AIC. No): (410)	1465-7458				
3290 North Ridge Road	E-MAIL ADDRESS: bburns@rhhinsurance.com					
Suite #300	INSURER(S) AFFORDING COVERAGE	NAIC #				
Ellicott City MD 21043	INSURER A Hartford Fire Insurance	19682				
M\$URED	INSURERB:Sentinel Ins. Co. Ltd.	11000				
RHI, Inc.	WSURERC Hartford Casualty Insurance Co	29424				
7397 Washington Blvd	INSURER D :					
Ste 106	INSURER E :					
Elkridge MD 21075-6345	INSURER F:					

COVERAGES

CERTIFICATE NUMBER: 13/14

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.

NSR LTR	TYPE OF INSURANCE INSE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		-
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	300,000
	CLAIMS-MADE X OCCUR			30 UUNVF149 7	12/31/2013	12/31/2014	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO-							\$	
В	AUTOMOBILE LIABILITY			30UENVF1621	12/31/2013	12/31/2014	COMBINED SINGLÉ LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
_	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
ļ	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
					_			s	
С	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	6,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	6,000,000
	DED X RETENTION \$ 10,000			30XHUVF1046	12/31/2013	12/31/2014		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	/A 30WECI2679				E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)			12/31/2013	12/31/2014	E.L. DISEASE - EA EMPLOYER	5	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000	
A	Leased/Rented Equipment			30UUNVF1497	12/31/2013	12/31/2014	\$100,000		
DES4	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	E\$ //	Mach	ACORD 101. Additional Remarks Sc	hedule, if more snace	is required)			

CERTIFICATE HOLDER

CANCELLATION

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

Barbara Burns/BJB

Barbara Burns