

CERTIFICATE OF LIABILITY INSURANCE

MSANDY

DATE (MM/DD/YYYY)
07/00/0040

SHAP&DU-01

_														0	1/23/2018
CE		TIFICATE DOE DW. THIS CE	ES N ERTI	IOT FIC	AFFIRMAT	IVEL SURA	Y O	R OF INFORMATION ONL R NEGATIVELY AMEND, I E DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	OVERAGE AFF	ORDED	вү т	HE POLICIES
lf	SU	BROGATION	IS \	NA	IVED, subje	ct to	the	DITIONAL INSURED, the p terms and conditions of th ificate holder in lieu of suc	he pol	icy, certain	policies may				
PROD	ouc	ER						S	CONTAC	T Certifica	te Departm	ent			
Preferred Insurance Services, Inc 4035 Ridge Top Road, Suite 150 Fairfax, VA 22030						F	CONTACT Certificate Department PHONE (A/C, No, Ext): (703) 667-5940 FAX (A/C, No): (703) 5 E-MAIL ADDRESS: certs@preferins.com						991-4838		
												RDING COVERAGE			NAIC #
									INSURE		16535				
												ince Company	-		35289
INSURED												irance Company			36940
		Shapiro 14620 Ro										nance compa	пу		30940
		Rockvill							INSURE						
			- ,					<u> </u>	INSURE	RE:					
									INSURE	RF:					
CO	/EF	RAGES			CEF	RTIFIC	CATI	E NUMBER:				REVISION NUM	IBER:		
IN CE	DIC RT	ATED. NOTWI	THS BE IS	TAN SSU	NDING ANY F JED OR MAY	REQUI	REM TAIN	SURANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAVE B	OF AI ED BY	NY CONTRA	CT OR OTHEF	R DOCUMENT WI	TH RESPE	ECT T	O WHICH THIS
INSR LTR		TYPE OF	INSU	RAN	ICE		SUBF WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	Х	COMMERCIAL G	ENER		LIABILITY							EACH OCCURREN	~E	\$	1,000,000
		CLAIMS-MA	DE	Х	OCCUR			GLO 0187991-01		07/01/2018	07/01/2019	DAMAGE TO RENT PREMISES (Ea occi		\$	1,000,000
				~						01/01/2010	01/01/2013			ľ	10,000
												MED EXP (Any one		\$	1,000,000
												PERSONAL & ADV	INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREC	GATE	\$	2,000,000			
		POLICY X P	RO- ECT		LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
		OTHER:												\$	
								COMBINED SINGLE (Ea accident)		\$	1,000,000				
	X ANY AUTO				BAP 0187990-01	07/01/2018	07/01/2019	BODILY INJURY (Pe	er person)	\$					
		OWNED AUTOS ONLY HIRED AUTOS ONLY	X		SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Pe PROPERTY DAMAC (Per accident)		\$ \$	
]								,		\$	
В		UMBRELLA LIAB X OCCUR				1						EACH OCCURREN	CE	\$	20,000,000
	X EXCESS LIAB CLAIMS-MADE				6072403072		07/01/2018	07/01/2019			\$	20,000,000			
					10,000)						AGGREGATE \$			
Α	wo				, -,							X PER	OTH-	Φ	
	AND	DEMPLOYERS' LIA	BILIT	Y				WC 0187989-01		07/01/2018	07/01/2019		ER		1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				N / A						E.L. EACH ACCIDE		\$	1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE			1,000,000			
C Pollution					CE0744672504		10/01/2017	07/01/2010	E.L. DISEASE - POL		\$	1,000,000			
					CEO744673501				3,000,000/3,000,000						
С	Pro	pressional					CEO744673501			10/01/2017	07/01/2019	3,000,000/3,000,000			
DESC	RIP	TION OF OPERATIO) SNC	LOC	CATIONS / VEHIC	ĻES (/	ACORI	D 101, Additional Remarks Schedule,	, may be	attached if mor	re space is requir	ed)			
This	cer	tificate shows	cove	rag	ges currently	in for	ce fo	or the above named insured,	and is	for internal	use only. Ple	ase contact the	agency if	a cei	rtificate holder
need	s to	be added: En	nall:	ce	nswpreterin	s.con	1 Fa	ax: 703-991-4838 Phone:	103-66	07-3940.					
1															
1															

CERTIFICATE HOLDER	CANCELLATION				
Proof of Insurance	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 Patrich M. Sau				

© 1988-2015 ACORD CORPORATION. All rights reserved.



LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Preferred Insurance Services, Inc		NAMED INSURED Shapiro & Duncan, Inc. 14620 Rothgeb Drive Rockville, MD 20850 Montgomery				
POLICY NUMBER SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:

INLAND MARINE:

- Carrier: Selective Insurance, S229376900, Installation Floater - Limit \$4,000,000, Ded \$10,000

- Carrier: Selective Insurance, S229376900, Stored Material - Limit \$4,000,000, Ded \$10,000

- Carrier: Selective Insurance, S229376900, Leased/Rented - Limit \$650,000, Ded \$5,000

PROFESSIONAL & POLLUTION LIABILITY:

Carrier: Indian Harbor Insurance, CPL742031301 - Professional Liability/Pollution Liability - Retention \$100,000, Professional retro date 12/15/14. Pollution retro date: N/A, Occurrence