

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

	08/13/2019												
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.													
lf	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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
_			t confer rights t	o the	cert	If Icate holder in lieu of su	UCH ENG	ст ,	,				
PRO	DUCE		0				NAME: Sandy Hebb						
J.E. Oates & Son Insurance 1301 York Rd. Suite 702 Lutherville, MD 21093								(A/C, No, Ext): (410)339-7400 (A/C, No): (410)339-7956					
								E-MAIL ADDRESS: sandyhebb@oatesins.com				1	
								INSURER(S) AFFORDING COVERAGE					
								INSURER A: Sentinel Insurance Co.					
INSURED								INSURER B :					
Don Selvy Enterprises, Inc								INSURER C :					
		103 West Rid					INSURER D :						
Bel Air, MD 21014							INSURER E :						
								INSURER F :					
COVERAGES CERTIFICATE NUMBER: 0000000-5													
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.													
INSR	INSR			ADDL	SUBR		DLENF	POLICY EFF (MM/DD/YYYY)	POLICY EXP				
LTR	TYPE OF INSURANCE				WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		ITS		
										EACH OCCURRENCE DAMAGE TO RENTED	\$		
		CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
	GEN	I'L AGGREGATE LIMIT								GENERAL AGGREGATE	\$		
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGO	-		
		OTHER:								COMBINED SINGLE LIMIT	\$		
Α		OMOBILE LIABILITY			Y	30UECFM6590		07/29/2019	07/29/2020	(Ea accident)	\$	1,000,000	
	Χ									BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$		
	Χ	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTI	ON \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOY			
	If yes	s, describe under CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMI			
	220												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Primary Coverage for Rented/Leased Vehicle Proof of Coverage - Private Passenger Type vehicles: Comprehensive Deductilbe \$500 - Collision Deductible \$500													
CEI	RTIF	ICATE HOLDER					CANCELLATION						
Don Selvy Enterprises, Inc. Vehicle Rented in Company Name by Employees								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 Tatur R Oster (SLH)					
		I					/	© 19	88-2015 AC	ORD CORPORATION	. All ria		

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