RIBENNET

ACORD'

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/2/2022

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	is certificate does not confer rights to				uch end	lorsement(s)	_	require an endorseme	nt. A S	tatement on	
PRODUCER Towne Insurance Agency, LLC 3 Commercial Place, Suite 1000						CONTACT Tonya L. Jones NAME: PHONE (A/C, No, Ext): (757) 963-8604  (A/C, No, Ext): (757) 546-2087					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Cincinnati Specialty Underwriters Insurance Company					
Air Systems International						R B : Selective	e Insurance	Company of South Car	olina	19259	
						R C : Selectiv	e Insurance	Company of the Sou	theast	39926	
	Air Systems, Inc. t/a 829 Juniper Crescent		INSURE	RD:							
	Chesapeake, VA 23320				INSURER E :						
-					INSURER F:						
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU! PER	REMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	ON OF A	NY CONTRAC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(NI)W/DD/11111	(MM/DD/11/11)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CSU0030146		7/31/2022	7/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000	
								A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	\$	1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							Employee Benefi	\$	3,000,000	
В	AUTOMOBILE LIABILITY						7/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			S2174574		7/31/2022			\$		
	OWNED SCHEDULED			02114014				BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)		_	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
A	UMBRELLA LIAB X OCCUR		-				7/31/2023		S	4,000,000	
	X EXCESS LIAB CLAIMS-MADE			CSU0040029		7/31/2022		EACH OCCURRENCE	\$	.,,,,,,,,,	
								AGGREGATE Aggregate	\$	4,000,000	
С		N/A			7		7/31/2022	X PER STATUTE ER	S	-1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			WC9012289		7/31/2021		1012	-	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
	DESCRIPTION OF OPERATIONS below	_	-					E.L. DISEASE - POLICY LIMIT	S	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	) 101, Additional Remarks Sched	lule, may b	e attached if mo	re space is requi	red)			
CERTIFICATE HOLDER						CANCELLATION					
					THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE ( HEREOF, NOTICE WILL CY PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				
						212					
					- <del>*</del> ≪∪	m The	U <sup>r</sup>				