

KRISTENST

DATE (MM/DD/YYYY) 4/6/2023

CERTIFICATE OF LIABILITY INSURANCE

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).

| | nis certificate does not confer rights to | tne cer | | contact Kristin Stephenson | | | | | | |
|---|---|--------------------------------|---|--------------------------------------|---|---|---|------|--------------|--|
| Rupp & Fiore Insurance Management, Inc. 200 Osborne St Turtle Creek, PA 15145 | | | | | PHONE (A/C, No, Ext): (412) 823-8595 FAX (A/C, No): (724) 861-4630 F-MAIL STREET, Kristin@ruppfiore.com | | | | | |
| | | | | | | | | | | |
| | | | | | INSURER A: Mutual Benefit Ins Company | | | | 14664 | |
| INS | URED | INSURER B: | | | | | | | | |
| Mt Pleasant Window and Remod | | | | | INSURER C: | | | | | |
| | 1018 Corporate Lane, Unit A | | | INSURER D | INSURER D: | | | | | |
| | Export, PA 15632 | | | INSURER E | INSURER E: | | | | | |
| | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | REVISION NUMBER: | | | | | |
| II C | THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F | EQUIREM PERTAIN POLICIES | ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE | ON OF ANY RDED BY T E BEEN RED | CONTRACTHE POLICION BY I | CT OR OTHER ES DESCRIB PAID CLAIMS. | DOCUMENT WITH RESPE | CT T | O WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBI | POLICY NUMBER | P (M | OLICY EFF M/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | CP10933628 | 4 | /11/2023 | 4/11/2024 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 | |
| | | | | | | | MED EXP (Any one person) | \$ | 10,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY X PRO- | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: | | | | | | COMBINED SINGLE LIMIT | \$ | 4 000 000 | |
| Α | AUTOMOBILE LIABILITY | BAO | | | 4/11/2023 | 4/11/2024 | (Ea accident) | \$ | 1,000,000 | |
| | ANY AUTO | | BA00933628 | 4 | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ | | |
| _ | | | | | | | | \$ | 2,000,000 | |
| Α | X UMBRELLA LIAB X OCCUR | | CU00933628 | 4/11/2023 | 1/11/2022 | 4/11/2024 | EACH OCCURRENCE | \$ | 2,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | | C000933020 | " | 4/11/2023 | | AGGREGATE | \$ | | |
| Α | DED RETENTION \$ | | | | | 4/11/2024 | ▼ PER OTH- | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | N/A | WS23933628 | 4 | 4/11/2023 | | * STATUTE ER | | 500,000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | " | .,, _020 | | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | If ves, describe under | | | | | | E.L. DISEASE - EA EMPLOYEE | | 500,000 | |
| Α | DÉSCRIPTION OF OPERATIONS below Hired Auto Liability | | BA00933628 | 4 | /11/2023 | 4/11/2024 | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| A | Hired Auto | | BA00933628 | | /11/2023 | | Physical Damage | | 65,000 | |
| DES | SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (ACOR | ⊔ D 101, Additional Remarks Schedu | ule, may be at | ttached if mor | e space is requir | ed) | | | |
| CE | RTIFICATE HOLDER | | | CANCE | LLATION | | | | | |

ACORD 25 (2016/03)

Mt Pleasant Window and Remodeling 1018 Corporate Lane, Unit A

Export, PA 15632

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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