

CERTIFICATE OF LIABILITY INSURANCE

MSHICKMAN

DATE (MM/DD/YYYY) 10/9/2020

FITZJUN-01

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.

lf tl	SUBROGA nis certificat	TION IS V	WAIVED, subje t confer rights t	ct to	the certi	terms and conditions of ficate holder in lieu of su	ich end	dorsement(s)	policies may	require an en	dorsemen	t. A	statement on	
PRODUCER The Hess Agency 2990 Mount Joy Rd Manheim, PA 17545								CONTACT NAME: PHONE (747) CCE 2770 FAX (747) CCE 4402						
								(A/C, No, Ext): (/ 1/) 603-2//U (A/C, No): (/ 1/) 603-4493						
								ss: hess@h	essagency.	.com				
								INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURER A : Erie Insurance Exchange					26271	
INSURED J Dog								INSURER B:						
								INSURER C:						
Fitzpatrick Junk Removal LLC D/B/A 609 Brooke Rd							INSURER D:							
Glenside, PA 19038						INSUR		NSURER E :						
•								INSURER F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:							
IN C E	NDICATED. ERTIFICATE XCLUSIONS	NOTWITHS MAY BE IS	TANDING ANY F SSUED OR MAY	REQUI PER	IREME TAIN, CIES	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT T	O WHICH THIS	
INSR LTR	NSR TR TYPE OF INSURANCE			ADDL SUBR INSD WVD		POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMME	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR								EACH OCCURRE	NCE	\$	1,000,000	
	CLA				X	Q34-1200753		10/12/2020	10/12/2021	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	1,000,000	
										MED EXP (Any on-	e person)	\$	5,000	
										PERSONAL & ADV INJURY \$			1,000,000	
	GEN'L AGGRE	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- LOC									PRODUCTS - COM	/IP/OP AGG	\$	2,000,000	
	OTHER:									\$		\$		
Α	AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED AUTOS AUTOS								10/12/2021	COMBINED SINGI (Ea accident)	E LIMIT	\$	1,000,000	
						Q10-1230691	230691			BODILY INJURY (I	Per person)	\$		
										BODILY INJURY (I	Per accident)	\$		
	X HIRED AUTOS (NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
												\$		
	UMBREL	LA LIAB	OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS	EXCESS LIAB CLAIMS-MADE DED RETENTION \$								AGGREGATE \$		\$		
	DED											\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE									X PER STATUTE	OTH- ER			
				N/A		Q85-0108558		1/1/2020	1/1/2021	E.L. EACH ACCID		\$	100,000	
	OFFICER/MEM (Mandatory in	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA	EMPLOYEE	\$	100,000	
	If yes, describe DESCRIPTION	under OF OPERATI	ONS below							E.L. DISEASE - PO			500,000	
												Ť		
DES	CRIPTION OF O	ERATIONS /	LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedu ured with respect to their	le, may b	e attached if mor	re space is requir	red)				
	Managemen ne certificate		iladelphia is ad	dition	al ins	ured with respect to their	interes	t in the insure	ed's operation	ns. A waiver of	subrogati	on ap	pplies in favor	
0,	ic oci illioate	noider.												
CE	RTIFICATE	HOLDER	l				CANCELLATION							
Bay Management Group Philadelphia LLC							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
							ACC	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1080 N Delaware Ave Suite 5 Philadelphia, PA 19125				506			AUTHORIZED REPRESENTATIVE							
	-						I							