

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) ACOR DATE 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). CONTACT NAME: Insurance Agent Name PRODUCER PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): 703.359.5910 Preferred Insurance Services, Inc 703.359.5915 Email Address for Agent 4035 Ridge Top Rd., Ste 150 ADDRESS: Fairfax, VA 22030 INSURER(S) AFFORDING COVERAGE NAIC # Insurance Company (A-Rated) 99999 INSURER A INSURED **INSURER B** : Your Company Name INSURER C : **Company Address** INSURER D : City, State, Zip Code INSURER E : INSURER F COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ CLAIMS-MADE OCCUR \$ PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-POLICY 100 PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000 ANY AUTO Х BODILY INJURY (Per person) \$ A SCHEDULED AUTOS NON-OWNED OWNED Eff. Date Exp. Date Υ Υ Policy Term BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED PROPERTY DAMAGE (Per accident) X \$ Х AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** \$ WORKERS COMPENSATION OTH-ER X | PER STATUTE AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? 500,000 E.L. EACH ACCIDENT \$ Eff. Date Exp. Date Α Ν N/A Υ Policy Term 500,000 \$ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT \$ Each Incident \$2,000,000 **Professional Liability** A Eff. Date Exp. Date Aggregate \$2,000,000 Policy Term DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HBW Properties, Inc. t/a HBW Construction and HBW Services are Additional Insured with respect to the Auto Liability regarding work performed by the Named Insured on behalf of HBW Properties, Inc. t/a HBW Construction and HBW Services as required by written contract or agreement, Waivers of Subrogation in favor of the Certificate Holder apply to the Auto Liability and Workers Compensation **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE HBW Properties, Inc THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. t/a HBW Construction and HBW Services 1055 First Street, Ste 200 AUTHORIZED REPRESENTATIVE Rockville, MD 20850

Your Agent's Signature

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