

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/31/2017

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).											
PRODUCER					CONTACT Cindy Spangler						
Bell Insurance					PHONE (717)632-4500 FAX (717)632-8203 (A/C, No): (717)632-8203						
165 Dart Dr, Suite 1						E-MAIL cspangler@bellinsuranceinc.com					
					INSURER(S) AFFORDING COVERAGE NAIC					NAIC #	
Hanover PA 17331					INSURER A: Ohio Security Insurance Company				24082		
INSURED					INSURE	INSURER B :					
Munchie Monsters Grill and Catering					INSURER C :						
1973 Rosepointe Way					INSURER D :						
					INSURER E :						
Spring Grove PA 17362 INSURER											
COVERAGES CERTIFICATE NUMBER: 2017-2018 Polic											
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 LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$ 1,00	0,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000	
								MED EXP (Any one person)	\$ 15,0		
А				BKS(18)58140719		07/21/2017	07/21/2018	PERSONAL & ADV INJURY	\$ 1,00		
									•	000,000	
X								GENERAL AGGREGATE	Ψ 2.00	0,000	
								PRODUCTS - COMP/OP AGG	\$ 2,00	-,	
	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
								EACH OCCURRENCE	\$		
								AGGREGATE	\$		
WOR	DED RETENTION \$							PER OTH-	\$		
AND	EMPLOYERS' LIABILITY Y / N							STATUTE ER			
OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
If yes.	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTI		S (AC		01 Additional Remarks Calculate	may 4	tachod if many					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANC							NCELLATION				
New Freedom Fest and Family Farm Day					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					
						Ain the day					
						Cindy L Spangler					

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