05/22/2018 05/22/2018

CERTIFICATE OF LIABILITY INSURANCE

DESCRIBTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
\$		E.L. DISEASE - POLICY LIMIT					\vdash		DESCRIPTION OF OPERATIONS below	
		E.L. DISEASE - EA EMPLOYEE						AIN	(Mandatory in NH) OFFICERMEMBER EXCLUDED?	
	\$	E.L. EACH ACCIDENT							ANY PROPRIETAR/PRENEXECUTIVE V.N.	
	\$	HTO REGISTRATE STATES					-	_	MORKERS COMPENSATION	
	\$	AGGREGATE							EXCESS FINE CLAIMS-MADE	
	\$	EACH OCCURRENCE							UMBRELLA LIAB OCCUR	
	\$	(Per accident)							YJNO SOTUA YJNO SOTUA	
	\$	BODILY INJURY (Per accident) PROPERTY DAMAGE							SOTUA YINGED HIRED HON-OWNED	
	\$	BODILY INJURY (Per person)							OTUA YNA OTUA YNA OTUED	
	\$	COMBINED SINGLE LIMIT (Ea accident)							YTIJBAILE LIBBILITY	
000'0	\$ 700'7	PRODUCTS - COMP/OP AGG							POLICY LEGT LOC	
000'0		GENERAL AGGREGATE							GEN'L AGGREGATE LIMIT APPLIES PER:	
000'0	00, f &	PERSONAL & ADVINURY								
	00,6 \$	MED EXP (Any one person)	05/01/2019	8102/10/50		33,188506-90E				
000,00	001 2	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence)							A CCAIMS-MADE X OCCUR	
000 0		TIMIT	(WWW)	(WWW.Dag/WW)		POLICY NUMBER	ανw	JOGA	LTR TYPE OF INSURANCE X COMMERCIAL GENERAL LIBBILITY	
.sw			BY PAID CLAI	N REDUCED	J 1338 3/	/AH YAM NWOHE STIMIJ .	ICIES	LOC	EXCLUSIONS AND CONDITIONS OF SUCH	
WHICH THIS	OT TO	OCUMENT WITH RESPE	OR OTHER [Y CONTRACT	OF AN	VT, TERM OR CONDITION	EWE	AIUD.	INDICATED. NOTWITHSTANDING ANY RE	
CERTIFY THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							THIS IS TO CERTIFY THAT THE POLICIES			
		DEVISION MINDER.		: 4 8	INSURE	WI IMBED.	3TA	דובוכ	COVERAGES CER:	
		INSURER E:								
		INSURER D:				4735 Lewisberry Rd.				
		INGURER B:				Buddy Bricker French Fries LLC				
14621		surance Company	ini leutuM st	eirofoM : A R	INSURE		,		Red Lion PA 17356	
INSURER(S) AFFORDING COVERAGE NAIC #										
PHONE FAM: (717) 244-8529 FAM: ADORESS: mail@mantzmillerinsurance.com					1480 Delta Road					
COUTACT NAME: NAME: (A17) 244-8529 (A17) 244-8531 (A17) 244-8531					Ряовисея Mantz Miller Insurance Agency, Inc.					
this certificate does not conter rights to the certificate holder in lieu of such endorsement(s).										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (les) 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										
						ЕВТІГІСАТЕ НОГОЕЯ.	HE C	T QV	ВЕРВЕЅЕИТАТІУЕ ОВ РВОDUCER, А	
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										
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS										

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

CANCELLATION