



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2017

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 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).

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| <b>PRODUCER</b><br><b>Insurance Brokers of Maryland</b><br><b>P.O. Box 1320</b><br><br><b>Emmitsburg MD 21727</b>                            | <b>CONTACT NAME:</b> Jill Borkowski<br><b>PHONE (A/C. No. Ext):</b> (301) 447-2565<br><b>E-MAIL ADDRESS:</b> jill.borkowski@ibmofmd.com |  | <b>FAX (A/C. No):</b> (301) 447-2567 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                        |
| <b>INSURED</b><br><b>Gracefully Coffee Roasters, Inc.</b><br><b>2601 N. Rolling Road</b><br><b>Suite 104</b><br><b>Windsor Mill MD 21244</b> | <b>INSURER A:</b> Twin City Fire Ins. Co.   |  | <b>29459</b>                         |
|  | <b>INSURER B:</b> Hartford A&I Co.  |  | <b>22357</b>                         |
|  | <b>INSURER C:</b>   |  |                                      |
|  | <b>INSURER D:</b>   |  |                                      |
|  | <b>INSURER E:</b>   |  |                                      |
| <b>INSURER F:</b>  |   |  |                                      |

**COVERAGES**

CERTIFICATE NUMBER: 17/18 Master

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.


| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | Y        | 30SBARS4846   | 8/1/2017                | 8/1/2018                | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b><br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>Employment Practices Liab \$ <b>10,000</b> |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | 30UECFM6597   | 7/5/2017                | 7/5/2018                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Underinsured motorist \$ <b>1,000,000</b>   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>  |           |          | 30SBARS4846   | 8/1/2017                | 8/1/2018                | EACH OCCURRENCE \$ <b>1,000,000</b><br>AGGREGATE \$ <b>1,000,000</b><br>PER STATUTE<br>OTH-ER   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Merritt-002, Merritt Properties, LLC, and Merritt Management Corporation are additional insureds with respect to the General Liability as required by written contract.

Waiver of Subrogation Applies. Tenant's nsurance is Primary and non-contributory. Please note that there is only one location on this policy.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>Merritt Properties, LLC; Merritt-002 and Merritt Management Corporation</b><br><b>2066 Lord Baltimore Dr</b><br><b>Baltimore, MD 21244-2501</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br>Jill Borkowski/JMB  |
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