

PRODUCER State Farm

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2017

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).

StateFarm PATRICK J BURY						PHONE (A/C, No, Ext): 717 741-2200 FAX (A/C, No): 717 747-9014					-9014	
2206 S QUEEN ST						E-MAIL ADDRESS: PAT@PATRICKBURY.COM						
YORK, PA 17402						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURE	INSURER A: State Farm Fire and Casualty Company				25143	
INSURED						INSURER B:						
BRADFIELD, SUSAN						INSURER C :						
DBY PAPA'S KETTLE KORN						INSURER D:						
129 HIGHLAND RD						INSURER E :						
YORK, PA 17403-3809						INSURER F:						
COVERAGES CER				ATE	NUMBER:	REVISION NUMBER:						
INDICA CERTIF EXCLU	TED. NOTWITHSTAND	DING ANY REED OR MAY INS OF SUCH I	EQUIREMENT, TERM OR CONDITION								HICH THIS	
INSR LTR	TYPE OF INSURANC		ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LI	IABILITY							EACH OCCURRENCE	\$ 1,000,	000	
	CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
\times	BUSINESS MERCANTILE							02/01/2018	MED EXP (Any one person)	\$		
			Χ	98-CW-T545-5		02	02/01/2017		PERSONAL & ADV INJURY	\$		
GEN	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:									\$		
AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUT	HEDULED TOS							BODILY INJURY (Per accident)	\$		
		N-OWNED TOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A						E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			11/7						E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$		
							3					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER							CANCELLATION					
							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					
							Apple of lasson					

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