

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2017

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	Mantz Miller Insurance Agency, Inc. 1480 Delta Road Red Lion PA 17356
INSURED	Buddy Bricker French Fries LLC 4735 Lewisberry Rd. Dover PA 17315
CONTACT NAME:	
PHONE (A/C No. ext):	(717) 244-8529
FAX (A/C No.):	(717) 244-8531
E-MAIL:	mail@mantzmillerinsurance.com
INSURER(S) AFFORDING COVERAGE	INSURER A: Motorists Mutual Insurance Company NAIC # 14621
INSURER B:	
INSURER C:	
INSURER D:	
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.

LTR	TYPE OF INSURANCE	ADDL. W/CD	INSUR. NO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																																																						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			33.188506-90E	5/1/17	5/1/18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td> <td>\$ 100,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$ 2,000,000</td> </tr> <tr> <td>COMBINED SINGLE LIMIT (EA ACCIDENT)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> <tr> <td>ANY AUTO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OWNED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HIRE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NON-OWNED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>AUTOS ONLY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCHEDULED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>UMBRELLA LIAB</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OCCUR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXCESS LIAB</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CLAIMS-MADE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RETENTION \$</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DESCRIPTION OF OPERATIONS below</td> <td><input type="checkbox"/></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	COMBINED SINGLE LIMIT (EA ACCIDENT)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	ANY AUTO	<input type="checkbox"/>	OWNED	<input type="checkbox"/>	HIRE	<input type="checkbox"/>	NON-OWNED	<input type="checkbox"/>	AUTOS ONLY	<input type="checkbox"/>	SCHEDULED	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>	RETENTION \$	<input type="checkbox"/>	DED	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
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