

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2018

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).

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PRODUCER	CONTACT NAME:				
HMS INSURANCE ASSOCIATES INC	PHONE (A/C, No, Ext): (888) 661-3938	FAX (A/C, No): (888) 872	2-8921		
P O BOX 1750 COCKEYSVILLE, MD 21030 (888) 661-3938	E-MAIL ADDRESS: Service.center@travelers.com				
	INSURER(S) AFFORDING COVERAG	NAIC #			
	INSURER A: THE TRAVELERS INDEMNITY COMPANY				
INSURED WAYNE SCHAFER & CINDY FAHNESTOCK-SCHAFER: T/A BIG FAT DADDY'S: T/A	INSURER B: THE CHARTER OAK FIRE INSURANCE COMPANY				
	INSURER C : THE PHOENIX INSURANCE COMPANY				
CYNMARIE CONCESSIONS;T/A THREE WITTLE PIGGIES	INSURER D:				
300 SHADY LANE	INSURER E:				
MANCHESTER, PA 17345	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 986217037371250 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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC	X		680-9004H747-18	01/28/2018	01/28/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000
В	OTHER: AUTOMOBILE LIABILITY			BA-3503C664-18	01/28/2018	01/28/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000,000
	ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$5,000			CUP-3G079714-18	01/28/2018	01/28/2019	EACH OCCURRENCE AGGREGATE	\$ \$2,000,000 \$2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$

DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AS RESPECTS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS ADDITIONAL INSURED - BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS, CG D1 05, BUT ONLY AS RESPECTS TO WORK PERFORMED BY THE INSURED WITH RESPECTS TO EVENT ON 09/22/2018.

CERTIFICATE HOLDER	CANCELLATION
NEW FREEDOM HERITAGE FEST PO BOX 266 NEW FREEDOM, PA 17349	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 Mary J. Swan

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