

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/04/2023

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).

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PRODUCER					CONTACT Orio Ctables					
StateFarm Cris Stabley					NAME: Cris Statoley PHONE (A/C, No, Ext): 717-942-2328 (A/C, No):					
73 E Forrest Avenue Suite 3			∍ 310			E-MAIL ADDRESS: cris.stabley.wmxf@statefarm.com				
						INSURER(S) AFFORDING COVERAGE NAIC #				
Shrewsbury				PA 173611400	INSURER A : State Farm Fire and Casualty Company			25143		
INSURED					INSURER B:					
DEEZ'S TACOS LLC					INSURER C:					
115 W FORREST AVE					INSURER D :					
					INSURER E :					
SHREWSBURY			PA 173611317			INSURER F :				
			RTIFICATE NUMBER:			REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	EN ISSUED TO			DLICY 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.										
			ADD SUB NSD WVD POLICY NUMBER		POLICYEFF POLICY EXP (MM/DD/YYYY) LIMITS					
LIK	COMMERCIAL GENERAL LIABILITY		WVD	TOLICT NOWIDER		(MIM/DD/YYYY)	(WIWI/DD/TTTT)	EACH OCCURRENCE \$ 1,000,000		
								DAMAGE TO RENTED . 200	· ·	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 500 MED EXP (Any one person) \$ 5,0		
Α			N	98-GR-F628-4		02/23/2023	02/23/2024	() 1) + /	00,000	
^		N	14	30-OIX-I 020-4		02/23/2023	02/23/2024	, ,	,	
	GEN'L AGGREGATE LIMIT APPLIES PER:								00,000	
	POLICY JECT LOC								00,000	
	OTHER:							COMBINED SINGLE LIMIT		
	ANY AUTO			0000355-D10-38		04/10/2023	10/10/2023	(Ea accident) \$		
	ANY AUTO OWNED SCHEDULED	١						BODILY INJURY (Per person) \$ 250		
Α	AUTOS ONLY AUTOS NON-OWNED	N	N					BODILY INJURY (Per accident) \$ 500 PROPERTY DAMAGE	,	
	AUTOS ONLY AUTOS ONLY							(Per accident) \$ 100	0,000	
								\$		
_	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$ 1,0	00,000	
Α	EXCESS LIAB CLAIMS-MADE	N/A		98-E5-U818-5		01/04/2023	01/04/2024	AGGREGATE \$ 1,0	00,000	
	DED RETENTION \$ 10,000							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER \$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. EACH ACCIDENT \$		
								E.L. DISEASE - EA EMPLOYEE \$		
								E.L. DISEASE - POLICY LIMIT \$		
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.					
					AUTHO	RIZED REPRESE	NTATIVE			
				1 - Atabler						
				This form was system-generated on 08/04/2023 .						

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