MHELLER

DATE (MM/DD/YYYY)

4/6/2022

CERTIFICATE OF LIABILITY INSURANCE

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		CONTACT NAME;				
WSMT Insurance 1614 E Churchville Rd Bel Air, MD 21015		PHONE (A/C, No, Ext): (410) 803-8590	FAX (A/C, No): (410)	(410) 803-8598		
		E-MAIL ADDRESS: info@wsmt.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Selective Way Insurance Co.		26301		
INSURED	Bonnie Cunningham & Keith Gordon DBA Summers Ice Cream & Snoballs,	INSURER B : Selective of South Carolina		19259		
		INSURER C :				
	and Bonkey's Ice Cream & Snoballs, LLC	INSURER D :				
	New Park, PA 17352	INSURER E :				
		INSURER F:				
COVERA	GES CERTIFICATE NUMBER:	REVISION NU	MBER:			

COVERAGES	CEDTICICATE NUMBED.	REVISION NUM
COVERAGES	CERTIFICATE NUMBER:	KEVISION NO

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.

NSR LTR		TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	Х	COMMERCIAL GENERAL LIABILITY	INSU	VVD		(WIW/DD/1111)	(MINVOD/TTTT	EACH OCCURRENCE	S	2,000,000
		CLAIMS-MADE X OCCUR			S 2526229	4/1/2022	4/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
	19							MED EXP (Any one person)	S	10,000
K								PERSONAL & ADV INJURY	s	Included
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S	4,000,000
	OL	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
		ANY AUTO	Y AUTO S 2526229 4/1/2022	4/1/2023	BODILY INJURY (Per person)	S				
	X OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S	
		AUTOS CIVET							s	
	16	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	S	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	S	
	1	DED RETENTION\$							\$	
В	WOR	KERS COMPENSATION	1					PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE Y/N	Checking 1		WC 9115382	4/1/2022	4/1/2023	E.L. EACH ACCIDENT	S	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYER	s	1,000,000
	If ves	describe under CRIPTION OF OPERATIONS below				process of the second		E.L. DISEASE - POLICY LIMIT	s	1,000,000

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

CERTIFICATE H	IOI DER

ACORD'

2403 Whiteford Rd LLC 1614 E Churchville Rd Bel Air, MD 21015

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