

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2017

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 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)

certificate fiolder in fied of such endorsement(s).					
PRODUCER	CONTACT NAME: Beth Scherer				
The Safegard Group Inc	PHONE (A/C, No, Ext): (610)892-7688 FAX (A/C, No): (610)89	2-7695			
100 Granite Drive, Suite 205	E-MAIL ADDRESS: bscherer@safegardgroup.com	lgroup.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #			
Media PA 19063	INSURER A: Zurich American Insurance Co. (379)	16535			
INSURED	INSURER B: Travelers Property Casualty Co.	25674			
Clemens Construction Co., Inc.	INSURER C:				
1435 Walnut Street	INSURER D:				
The Drexel Building, 2nd Floor	INSURER E :				
Philadelphia PA 19102-3219	INSURER F:				
COVERAGES CERTIFICATE NUMBER:2017 Maste	er 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				GL0831171912	3/1/2017	3/1/2018	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	X ANY AUTO						BODILY INJURY (Per person)	\$	
^	ALL OWNED SCHEDULED AUTOS			BAP8311718012	3/1/2017	3/1/2018	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS)					PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	35,000
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
	DED RETENTION \$			ZUP21N6552317NF	3/1/2017	3/1/2018		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
A	(Mandatory in NH)			WC831171712	3/1/2017	3/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

EVIDENCE	OF	COVERAGE	**					
	EVIDENCE	EVIDENCE OF	EVIDENCE OF COVERAGE	EVIDENCE OF COVERAGE **				

CERTIFICATE HOLDER	CANCELLATION
SAMPLE	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
	Beth Scherer/BAS Beth Scherer

© 1988-2014 ACORD CORPORATION. All rights reserved.