CERTIFICATE OF LIABILITY INSURANCE

ECOLSER-01 ABMO

DATE (MM/DD/YYYY)

7/8/2014

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).

| PRO | DUCE | R | | | (301) 231-5447 | CONTACT NAME: | | | | | |
|--|---|--|-----------------------|-----------------------|---|---|--|---|-----------------|----------|--|
| | | -Johnson Insurance Agency, Inc | | | (/ | PHONE (A/C, No, Ext): 301-231-5447 (A/C, No): 301-881-1137 | | | | | |
| 3227 Executive Blvd | | | | | | E-MAIL ADDRESS: | | | | | |
| Rockville, MD 20852 | | | | | | INSURER(S) AFFORDING COVERAGE | | | NAIC # | | |
| | | | 1 | | | INSURER A : Great D | IVAIC# | _ | | | |
| NSU | RED | Englasy Campiago Inc | | | | INSURER B : RSUI In | | | | | |
| | | Ecology Services, Inc. | o #200 | | | | | - | | | |
| 9135 Guilford Road Suite Columbia, MD 21046 | | | | U | | INSURER C: National Union Fire Insurance Company | | | | | |
| Columbia, WD 21046 | | | | | | INSURER D : Navigator Specialty Insurance Company | | | | _ | |
| | | | | | | INSURER E: | | | | | |
| _ | | | | | | INSURER F: | | | | | |
| - | | | RTIFICATE NUMBER: | | | REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICE. | | | | _ | |
| IN C | DICA ERTII | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS | DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO | T TO WHICH THIS | | |
| NSR _TR | | TYPE OF INSURANCE | | SUBR WVD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | | | | \$ 1,000,0 | 00 | |
| | | CLAIMS-MADE X OCCUR | | | GLPO1526992-13 | 7/11/2014 | 7/11/2015 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,0 | 00 | |
| | | | | | | | | , , | \$ 5,0 | 00 | |
| | | 1 | | | | | | ` , ' , ' | \$ 1,000,0 | _ | |
| | GFN | VL AGGREGATE LIMIT APPLIES PER: | | | | | | | \$ 2,000,0 | | |
| | X | POLICY PRO- JECT LOC | | | | | | | \$ 2,000,0 | | |
| | | OTHER: | | | | | | | \$ | Ť | |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | \$ 1,000,0 | 00 | |
| Α | | ANY AUTO | | | BAP1526990-13 | 7/11/2014 | 7/11/2015 | (Ea accident) BODILY INJURY (Per person) | \$ | \dashv | |
| ` | | ALL OWNED Y SCHEDULED | | | DAI 1020000 10 | 77172014 | 171172010 | ` ' ' | \$ | \dashv | |
| | Х | Y NON-OWNED | | | | | | PROPERTY DAMAGE | \$ \$ | \dashv | |
| | ^ | HIRED AUTOS AUTOS | | | | | | (Per accident) | * | | |
| | UMBRELLA LIAB X OCCUR | | <u> </u> | + | | | | i chanch zhazimiy | \$ Includ | - | |
| В | V SVASAA | | | | | =/44/0044 | =////00/ | | \$ 9,000,0 | _ | |
| | Х | CE TIME WAS | | | NHA068392 | 7/11/2014 | 7/11/2015 | AGGREGATE : | \$ 9,000,0 | 00 | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | | \$ | \dashv | |
| | AND | EMPLOYERS' LIABILITY V/N | | | | | | X PER STATUTE OTH- | | \dashv | |
| С | ANY | NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? | | | WC015684264 | 12/30/2013 | 12/30/2014 | E.L. EACH ACCIDENT | \$ 1,000,0 | _ | |
| | (Man | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,0 | 00 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,0 | 00 | | |
| D | POL | LUTION LIABILITY | | | CH13ECP775750NC | 7/11/2014 | 7/11/2015 | Limit | 10,000,0 | 00 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
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| <u> </u> | | TICATE LIGI DED | | | | | | | | | |
| CE | X I II | FICATE HOLDER | | | | CANCELLATION | | | | \neg | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | |
| | | Verification of Insurance | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| | | Verification of Insurance | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| Verification of Insurance | | | | | | | | | | | |
| - | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | Alla Harre | | | | | |
| | | 1 | l | | | alvalta | | | | | |

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