

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2015

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 holder in lieu of such endors	ement(s).		CONTAC	т					
PRODUCER Downs & Associates, Inc. Suite 300				CONTACT NAME: PHONE (AIC, No, Ext): (703)834-3120  FAX (AIC, No, Ext): (703)834-3159					
131 Elden Street			ADDRESS:					NAIC #	
Herndon, VA 20170			INSURER(S) AFFORDING COVERAGE INSURER A : Erie Insurance Exchange					NAIC#	
INSURED			INSURER B:						
Zampiello Paint Contractors, Inc.			INSURER C:						
14107 Mariah Court Chantilly, VA 20151			INSURER D:						
			INSURER	INSURER E:					
				INSURER F:					
COVERAGES CER	TIFICATE	NUMBER:				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 SUBR				POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY		Q402050381		4/20/2015	4/20/2016	EACH OCCURRENCE	\$	1000000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1000000	
						MED EXP (Any one person)	S	5000	
						PERSONAL & ADV INJURY	\$	1000000	
GEN'L AGGREGATE LIMIT APPLIES PER:			1			GENERAL AGGREGATE	\$	2000000	
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2000000	
OTHER:						COMBINED SINGLE LIMIT	\$	1000000	
A AUTOMOBILE LIABILITY		Q042040019		4/20/2015	4/20/2016	(Ea accident)		1000000	
ANY AUTO						BODILY INJURY (Per person)	\$		
X ALLOWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE			
X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	5		
				100,0015	4/00/0046		\$	4000000	
A X UMBRELLA LIAB X OCCUR		Q282070064		4/20/2015	4/20/2016	EACH OCCURRENCE	5	1000000	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1000000	
DED 0 RETENTIONS		0.00000745		4/00/001E	4/20/2016	PER OTH-	\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		Q882000745		4/20/2015	4/20/2010	X PER OTH- STATUTE ER		100000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	S	100000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		500000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	Þ	000000	
						( d)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOF	RD 101, Additional Remarks Sched	lule, may b	e attached if mo	re space is requ	ired)			
CERTIFICATE HOLDER			CAN	CELLATION					
Commonwealth of Virginia Workers Compensation Con	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
1000 DMV Drive Richmond, VA 23220			AUTHO	RIZED REPRES	ENTATIVE	Vivia De	lai	d	
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