DWMCONS-01

TIMG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2020

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.

Richa 117 C					CONTA	CT T: O								
117 C	ardson Insurance Group, LLC	PRODUCER						CONTACT Tim Grau						
	Richardson Insurance Group, LLC 117 Church Lane					PHONE (A/C, No, Ext): (410) 666-5911 FAX (A/C, No): (410) 667-4667								
	Valley, MD 21030	E-MAIL ADDRES	E-MAIL ADDRESS: TimG@RichardsonIncGroup.com											
INSURED						INSURER(S) AFFORDING COVERAGE NA					NAIC #			
						R A : Frederic	ck Mutual I	itual Insurance Company 1						
						INSURER B: Chesapeake Employers Insurance Company 11039								
DWM Construction, Inc.					INSURER C:									
518 Mabe Drive Woodbine. MD 21797					INSURER D:									
	Woodbine, MD 21797				INSURER E :									
			NSURER F:											
				NUMBER:				REVISION NU						
INE CE	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS			
INSR TYPE OF INCUPANCE			SUBR		DELIVI	POLICY EFF	POLICY EXP							
A	X COMMERCIAL GENERAL LIABILITY	INSD W		TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000			
	CLAIMS-MADE X OCCUR			BOP2205301		8/25/2020	8/25/2021	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			100,000 5,000			
-								MED EXP (Any one person) \$		\$	1,000,000			
-								PERSONAL & ADV INJURY \$			2,000,000			
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			2,000,000			
-	POLICY X PRO- OTHER:							PRODUCTS - CON	IP/OP AGG	\$	2,000,000			
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$				
	ANY AUTO							BODILY INJURY (Per person) \$						
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$				
										\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
_	DED RETENTION \$							1050	0.711	\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	4457700 DM00		0/4.5/0	0/4.5/0000	8/15/2021	X PER STATUTE	OTH- ER		400 000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?			4457782 DM90		8/15/2020		E.L. EACH ACCIDE	ENT	\$	100,000 100,000			
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$	500,000			
ļi	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	500,000			
		. = 2 /												
RE: P	RIPTION OF OPERATIONS / LOCATIONS / VEHIC roof of Insurance	LES (ACORE	י זטד, Additional Remarks Schedu	ııe, may b	e attached if mor	e space is requi	rea)						
CFR	TIFICATE HOLDER				CANC	ELLATION								
CLI	THIOATE HOLDEN				CANC	LLLATION								
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	Proof of Insurance								E WILL I	BE DE	LIVERED IN			