

**LWOOL** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2019

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.

|  | SUBROGATION IS WAIVED, subject size certificate does not confer rights to  |                 |   | uch end                             | orsement(s)  |   | •  | t. As  | statement on    |  |
|--|--|-----------------|---|-------------------------------------|--|---|--|--------|-----------------|--|
| PRO  | DUCER  |                 |   | CONTACT Certificate Department      |  |   |  |        |                 |  |
| Preferred Insurance Services, Inc<br>4035 Ridge Top Road, Suite 150<br>Fairfax, VA 22030 |  |                 |   |                                     | PHONE (A/C, No, Ext): (703) 667-5940 FAX (A/C, No): (703) 991-4838   |   |  |        |                 |  |
|  |  |                 |   |                                     | E-MAIL<br>ADDRESS: certs@preferins.com   |   |  |        |                 |  |
|  |  |                 |   | INSURER(S) AFFORDING COVERAGE       |  |   |  | NAIC # |                 |  |
|  |  |                 |   | INSURER A : Erie Insurance Exchange |  |   |  |        | 26271           |  |
| INSURED C2 Operations LLC  |  |                 |   |                                     | INSURER B:   |   |  |        |                 |  |
|  |  |                 |   |                                     | RC:  |   |  |        |                 |  |
|  | 704 S King St ste 6b   |                 |   | INSURE                              | RD:  |   |  |        |                 |  |
|  | Leesburg, VA 20176   |                 |   | INSURE                              | RE:  |   |  |        |                 |  |
|  |  |                 |   | INSURE                              | INSURER F:   |   |  |        |                 |  |
| CO   | VERAGES CER  | TIFICA          | TE NUMBER:  | REVISION NUMBER:                    |  |   |  |        |                 |  |
| IN<br>C<br>E<br>INSR   | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I TYPE OF INSURANCE | EQUIRE<br>PERTA | EMENT, TERM OR CONDITIC<br>IN, THE INSURANCE AFFOR<br>ES. LIMITS SHOWN MAY HAVE | ON OF AN<br>RDED BY<br>EBEENR       | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T    | CT TO  | O WHICH THIS    |  |
| LTR<br>A   | X COMMERCIAL GENERAL LIABILITY   | INSD W          | VD FOLICI NOWIBER   |                                     | (MM/DD/YYYY)   | (MM/DD/YYYY)                              |  |        | 1,000,000       |  |
|  | CLAIMS-MADE X OCCUR  |                 | Q33-2221166   |                                     | 9/22/2018  | 9/22/2019                                 | EACH OCCURRENCE DAMAGE TO RENTED                   | \$     | 1,000,000       |  |
|  |  |                 | Q00 2221100   |                                     |  |   | PREMISES (Ea occurrence)  MED EXP (Any one person) | \$     | 5,000           |  |
|  |  |                 |   |                                     |  |   | PERSONAL & ADV INJURY                              | \$     | 1,000,000       |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |                 |   |                                     |  |   | GENERAL AGGREGATE                                  | \$     | 2,000,000       |  |
|  | POLICY X PRO- LOC  |                 |   |                                     |  |   | PRODUCTS - COMP/OP AGG                             | \$     | 2,000,000       |  |
|  | OTHER:   |                 |   |                                     |  |   | 11.025010 00701 7.00                               | \$     |                 |  |
| Α  | AUTOMOBILE LIABILITY   |                 |   |                                     | 9/22/2018  | 9/22/2019                                 | COMBINED SINGLE LIMIT (Ea accident)                | \$     | 1,000,000       |  |
|  | X ANY AUTO   |                 | Q09-2240037   |                                     |  |   | BODILY INJURY (Per person)                         | \$     |                 |  |
|  | OWNED SCHEDULED AUTOS  |                 |   |                                     |  |   | BODILY INJURY (Per accident)                       | \$     |                 |  |
|  | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY  |                 |   |                                     |  |   | PROPERTY DAMAGE (Per accident)                     | \$     |                 |  |
|  |  |                 |   |                                     |  |   |  | \$     |                 |  |
| Α  | X UMBRELLA LIAB X OCCUR  |                 |   |                                     | 9/22/2018  | 9/22/2019                                 | EACH OCCURRENCE                                    | \$     | 5,000,000       |  |
|  | EXCESS LIAB CLAIMS-MADE  |                 | Q33-2270282   | 9/2                                 |  |   | AGGREGATE  | \$     | 5,000,000       |  |
|  | DED X RETENTION\$  |                 |   |                                     |  |   |  | \$     |                 |  |
| Α  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                 |   |                                     | 9/25/2018  | 9/25/2019                                 | X PER OTH-   |        |                 |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A             | Q93-2500755   |                                     |  |   | E.L. EACH ACCIDENT                                 | \$     | 500,000         |  |
|  | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under   |                 |   |                                     |  |   | E.L. DISEASE - EA EMPLOYEE                         | \$     | 500,000         |  |
| _  | DESCRIPTION OF OPERATIONS below  |                 | 000 0004466   |                                     | 0/00/0040  | 0/00/0040                                 | E.L. DISEASE - POLICY LIMIT                        | \$     | 500,000         |  |
|  | Installation Floater   |                 | Q33-2221166<br>Q33-2221166  |                                     | 9/22/2018  | 9/22/2019                                 | Amount of Insurance                                |        | 360,300         |  |
| Α  | Installation Floater   |                 | Q33-2221100   |                                     | 9/22/2018  | 9/22/2019                                 | Deductible   |        | 1,000           |  |
| This   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>s certificate shows coverages currently i<br>ds to be added: Email: certs@preferins                       | n force         | for the above named insure  | d, and is                           | for internal   | e space is requir<br>use only. Ple        | red)<br>ase contact the agency if                  | a cer  | tificate holder |  |
| CERTIFICATE HOLDER   |  |                 |   |                                     | CANCELLATION   |   |  |        |                 |  |
| Proof of Insurance   |  |                 |   |                                     | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |        |                 |  |
|  |  |                 |   | AUTHOR                              | IZED REPRESE   | NTATIVE                                   |  |        |                 |  |

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