

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/14/2009

PRODUCER (814)474-5575 FAX: (814)474-3993  
**Wagner Gibling Insurance Agency**  
 3928 Avonia Road  
 P. O. Box 280  
**Fairview PA 16415**

INSURED  
**Perry Construction Group, Inc.**  
 1440 West 21 Street  
**Erie PA 16502**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

|  |               |
|--|---------------|
| <b>INSURERS AFFORDING COVERAGE</b>     | <b>NAIC #</b> |
| INSURER A: <b>Cincinnati Insurance</b> | <b>10677</b>  |
| INSURER B:                             |               |
| INSURER C:                             |               |
| INSURER D:                             |               |
| INSURER E:                             |               |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR                                      | INSRD   | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|---|---|---|---------------|----------------------------------|-----------------------------------|--|
| A   |   | <b>GENERAL LIABILITY</b>  | CPP0836887    | 7/1/2009                         | 7/1/2010                          | EACH OCCURRENCE \$ <b>1,000,000</b>  |
|   |   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b>                              |
|   |   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |               |                                  |                                   | MED EXP (Any one person) \$ <b>10,000</b>  |
|   |   |   |               |                                  |                                   | PERSONAL & ADV INJURY \$ <b>1,000,000</b>  |
|   |   |   |               |                                  |                                   | GENERAL AGGREGATE \$ <b>2,000,000</b>  |
|   |   |   |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>   |
|   |   | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                                  |                                   |  |
|   |   | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   |  |
| A   |   | <b>AUTOMOBILE LIABILITY</b>   | CPP0836887    | 7/1/2009                         | 7/1/2010                          | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                                  |
|   |   | <input checked="" type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person) \$  |
|   |   | <input type="checkbox"/> ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per accident) \$  |
|   |   | <input type="checkbox"/> SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$  |
| <input checked="" type="checkbox"/> HIRED AUTOS     |   |   |               |                                  |                                   |  |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |   |   |               |                                  |                                   |  |
|   |   | <b>GARAGE LIABILITY</b>   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$   |
|   |   | <input type="checkbox"/> ANY AUTO   |               |                                  |                                   | OTHER THAN EA ACC \$   |
|   |   |   |               |                                  |                                   | AUTO ONLY: AGG \$  |
| A   |   | <b>EXCESS/UMBRELLA LIABILITY</b>  | CPP0836887    | 7/1/2009                         | 7/1/2010                          | EACH OCCURRENCE \$ <b>5,000,000</b>  |
|   |   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |               |                                  |                                   | AGGREGATE \$ <b>5,000,000</b>  |
|   |   | <input type="checkbox"/> DEDUCTIBLE   |               |                                  |                                   | \$   |
|   |   | <input checked="" type="checkbox"/> RETENTION \$ 0  |               |                                  |                                   | \$   |
| A   |   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  | WC1923066     | 7/1/2009                         | 7/1/2010                          | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | E.L. EACH ACCIDENT \$ <b>1,000,000</b>  |               |                                  |                                   |  |
|   | If yes, describe under SPECIAL PROVISIONS below           | E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>  |               |                                  |                                   |  |
| A   |   | <b>OTHER Builder's Risk</b>   | CPP0836887    | 7/1/2009                         | 7/1/2010                          | Single Location \$ <b>500,000</b>  |
|   |   |   |               |                                  |                                   | Per Disaster \$ <b>1,000,000</b>   |
|   |   |   |               |                                  |                                   | In Transit/Temp Loc \$ <b>500,000</b>  |


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

For Informational Purposes

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 D Wagner, CPCU, CIC/S 

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.