

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2024

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. 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).											
PRODUCER						CONTACT Beth MacGown					
The Andrew Agency Inc					PHONE (804) 320-2886 FAX (A/C, No): (804) 320-5750						
4551 Cox Road						E-MAIL ADDRESS: beth@theandrewagency.com					
Suite 100					INSURER(S) AFFORDING COVERAGE NAIC #						
Glen Allen VA 23060										25615	
INSURED					INSURER B :						
American Society Of Military					INSURER C :						
415 N Alfred St					INSURER D :						
		TIEIC	ATE		INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: CL23121207052 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		IMITS		
		1130		. eller Hombell				EACH OCCURRENCE		00,000	
								DAMAGE TO RENTED		,000	
								PREMISES (Ea occurrence)	\$ 5,00		
A	A			6803331C39A		01/01/2024	01/01/2025	1 000 000			
	l							2 000 000			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	2.00		
								PRODUCTS - COMP/OP AG Hired/borrowed	<u>G </u> \$ 2,00		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,00	50,000	
-								(Ea accident)			
-	ANY AUTO										
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accide PROPERTY DAMAGE			
								(Per accident)	\$		
									\$		
								EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OT STATUTE ER	н-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOY	'EE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIM	іт \$		
T											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
						CANCELLATION					
proof of insurance for chapters					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE					
						Elizabet mactions					
Elizabet I and											

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