POWERCL-01

ELISEL

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2016

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).

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PRODUCER	CONTACT NAME:					
Lacher & Associates Ins Agy Inc. Lacher Insurance Group, LLC	PHONE (A/C, No, Ext): (215) 723-4378 FAX (A/C, No): (215)	5) 723-8604				
632 East Broad Street	E-MAIL ADDRESS: lacher@lacherinsurance.com					
Souderton, PA 18964	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Nationwide Mutual Ins Company					
INSURED	INSURER B : National Union Fire Insurance Company of Pittsburgh	19445				
Power Home Remodeling Group, LLC	INSURER C: Pennsylvania Manufacturers	12262				
2501 Seaport Drive	INSURER D:					
Chester, PA 19013	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE 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	INSR TYPE OF INJURANCE ADDLISUBR POLICY SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
Α	Χ	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR			ACP3027206812	10/01/2016	10/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		<u> </u>						MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000	
	X	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000	
		OTHER:							\$		
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO		ACP3027206812 10/01/2016	ACP3027206812	10/01/2016	10/01/2017	BODILY INJURY (Per person)	\$		
		OWNED X SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)					
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUTOS ONLY						(i ci accident)	\$		
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE			BE 067941520	10/01/2016	10/01/2017	AGGREGATE	\$	5,000,000	
	X	DED RETENTION \$ 10,000	1					AGGILGATE	\$		
С	WORKERS COMPENSATION							X PER OTH-	J.		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			1	201600 6620967	10/01/2016	10/01/2017	E.L. EACH ACCIDENT	\$	1,000,000	
				A			E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes, describe under								\$	1,000,000	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	Ф	. ,	
1	1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance (Texas and Colorado)

CERTIFICATE HOLDER CANCELLATION

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

Chal E Lase

Power Home Remodeling Group, LLC 2501 Seaport Drive Chester, PA 19013