ACORD	

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

									12/	/2/2015		
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 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).												
-	DUCER	emer	11(0).		CONTA	CONTACT NAME- Katy Batista						
P.A. Post Agency, LLC						NAME: Ref y Ballsta   PHONE (A/C, No, Ext): (201) 252-3010 FAX (A/C, No): (201) 252-3011						
	e International Blvd.			·	E-MAL ADDRESS: kbatista@postfinancial.com							
Suite 405						INSURER(S) AFFORDING COVERAGE						
Ma	hwah NJ 074	95-0	5-0025			INSURER A Protective Insurance Company						
INS	URED					INSURER B QBE Insurance Corporation						
A Goff Limousine & Bus Co., LLC					INSURER C :							
DBA: A Goff Limousine						INSURER D :						
18 New Life Drive						INSURER E :						
Ruckersville VA 229						INSURER F :						
COVERAGES CERTIFICATE NUMBER:15-16 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.											
INSF LTR		ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY								\$	2,000,000		
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
				TG-000125		11/3/2015	11/3/2016	MED EXP (Any one person)	\$	5,000		
									\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	1,000,000		
<u> </u>	OTHER:							COMBINED SINGLE LIMIT	\$	5,000,000		
								(Ea accident)	\$	3,000,000		
A				TG-000125		11/3/2015	11/3/2016	BODILY INJURY (Per accident)				
	HIRED AUTOS AUTOS NON-OWNED AUTOS						, _, _,	DRODERTY RAMAOE	\$			
									\$	Stat		
	UMBRELLA LIAB OCCUR								\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A							\$	500,000		
В	(Mandatory in NH)			EQB0201451		4/1/2015	4/1/2016	E.L. DISEASE - EA EMPLOYEE		500,000		
<u> </u>	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
	e certificate holder is inc	lude	ed a	as additional insu	ired 1	but only	as respec	cts the operations	of	the named		
insured.												
CE		CANCELLATION										
Metropolitan Washington Airports Authority (MWAA)					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
1 Aviation Circle Washington, DC 20001												
Bradley Post/KATY Brally LADA												
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