

## ATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2022

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.

			tificate holder in lieu of			,				
PRODUCER					CONTACT Wanda Whaley					
	BREWER INSURANCE SERVICES					PHONE (A/C, No, Ext):919-658-8585 FAX (A/C, No):				
P.O. BOX 539 MOUNT OLIVE, NC 28365					E-MAIL ADDRESS: wanda@brewerinsurance.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A XYZ Insurance Company					
INSURED					INSURER B:					
	John Doe dba John's Eat	s		INSURE	RC:					
200 North Ave				INSURER D:						
	Anywhere, USA			INSURE	RE:					
				INSURE	RF:					
COVER	AGES CEF	RTIFICATE	NUMBER:				REVISION NUMBER:			
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		0.000	
AX	COMMERCIAL GENERAL LIABILITY	Υ	XYZ 04012022		04/01/2022	04/01/2023	EACH OCCURRENCE DAMAGE TO RENTED		0.000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$500,		
							MED EXP (Any one person)	\$5000		
							PERSONAL & ADV INJURY		0,000	
GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		0,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,00	0,000	
	OTHER:							\$		
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY				7		PROPERTY DAMAGE (Per accident)	\$		
				0				\$		
	UMBRELLA LIAB OCCUR	/			/		EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$							\$		
	KERS COMPENSATION						PER OTH- STATUTE ER			
ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		700.				E.L. EACH ACCIDENT	\$		
	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes	describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
DEG	SKII HON OF OF EKAHONO BEIOW									
The Co	ion of operations / Locations / vehi ertificate Holder ( North Ca the policy shown above.							ional in	nsured	
CEDTIE	ICATE HOLDER			CANC	ELLATION					
North Carolina Pickle Festival Mount Olive Chamber of Commerce					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					
	123 N Center Street				DITED	- N.T. A. T.I. / -				

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