

FEDEGAR-01

J6LVANN

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

03/14/2019

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.

	nis certificate does not confer rights t				ıch enc	dorsement(s)		require an end	Jorsemen	t. A s	statement on	
PRODUCER Moscker Insurance Agency 302 Ritchie Highway						CONTACT NAME: PHONE (A/C, No, Ext): (410) 544-6104 E-MAIL ADDRESS: lisa.vann@assuredpartners.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						R A : Hanove	er Insurance	e Company			22292	
Federated Garden Club of Maryland, Inc.						INSURER B:						
						INSURER C:						
Po Box 65172 Baltimore, MD 21209					INSURE	INSURER D:						
	Baltimore, MD 21203				INSURER E:							
					INSURE	RF:						
				E NUMBER:				REVISION NU				
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS	T				
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY NUMBER		(MM/DD/YYYY)	LIMITS			2 000 000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			OHQA874587		03/19/2019	03/19/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		<u> </u>	2,000,000 300,000	
										\$	10,000	
								PERSONAL & AD\	•	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	4,000,000	
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	MP/OP AGG	\$	4,000,000	
Α	AUTOMOBILE LIABILITY			OHQA874587		03/19/2019	03/19/2020	COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO							, ,		\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE.	\$		
	AUTOS GIVET							(* 5* 5*5******************************		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCID	ENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
EVIDENCE OF INSURANCE						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE					