

**BJROCKL-02 JWESTERDALE** 

ACORD <sup>®</sup> C						TIF	DATE (MM/DD/YYYY) 1/14/2015						
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HO CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY T BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), A REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										BY TH R(S), Al	E POLICIES JTHORIZED	
1	he te		ditions	of the policy	/, ce	rtain	DDITIONAL INSURED, the policies may require an e						
<u> </u>	DUCE					1.1		CONTAC NAME:	СТ				
Am	es &	Gough						PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 827-2279					
830  Su	0 Gr te 98	eensboro Driv	e					E-MAIL					
Mc	Lean	, VA 22102						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
													20427
	URED												20427
	UNED											-(^*)	20443
BJ Rock, LLC 14724 Brick Place Tampa, FL 33626													
									INSURER D :				
		rampa, r	L 3302	.0				INSURER E :					
								INSURE	RF:				
r		AGES					ENUMBER:				REVISION NUMBER:		
	NDIC/	ATED. NOTWI	THSTAN BE ISSU	IDING ANY R JED OR MAY	EQU PER	IREMI TAIN,	SURANCE LISTED BELOW H ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRACT THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
INS	2	TYPE OF I	INSURAN	ICE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
A	X	COMMERCIAL G	ENERAL	LIABILITY					(	(	EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MAI	DE X	OCCUR			4034355533		10/06/2014	10/06/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
				]							MED EXP (Any one person)	\$	10,000
		·									PERSONAL & ADV INJURY	\$	2,000,000
		J N'L AGGREGATE LI									GENERAL AGGREGATE	\$	4,000,000
	X			V								-	4,000,000
	<b>^</b>	1	ECT	LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
A		OTHER:	TV								COMBINED SINGLE LIMIT	\$	1,000,000
	701						4034355533		10/06/2014	10/06/2015	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
<b> </b> ^		ANY AUTO ALL OWNED	□ sc	CHEDULED			4034333333		10/00/2014	10/00/2015		-	
	X	AUTOS		JTOS DN-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	·	
	^	HIRED AUTOS	A AU	JTOS							(Per accident)	\$	
												\$	
	X	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE	\$	1,000,000
В		EXCESS LIAB		CLAIMS-MADE	-		403455550		10/06/2014	10/06/2015	AGGREGATE	\$	1,000,000
		DED X RET		; <b>10,000</b>								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N									X PER OTH- STATUTE ER			
B	ANY	PROPRIETOR/PAR	TNER/EX		N/A		4031227846		10/06/2014	10/06/2015	E.L. EACH ACCIDENT	\$	500,000
	(Mar	ndatory in NH) s. describe under									E.L. DISEASE - EA EMPLOYE	E \$	500,000
		CRIPTION OF OPE	RATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$	500,000
C	Pro	fessional Liab	).				AEC9002583-00		10/06/2014	10/06/2015	Per Claim/Aggregate		1,000,000
DE	SCRIPT	TION OF OPERATIO	ONS / LOC	ATIONS / VEHIC	LES (	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)		
<u> </u>	יידם							CANC					
		ICATE HOLD	<u>r</u>					CANC	ELLATION				
								SHO	ULD ANY OF		ESCRIBED POLICIES BE		LED BEFORE
		Droof of	Incure	200				THE	EXPIRATIO	N DATE TH	IEREOF, NOTICE WILL		
Proof of Insurance								ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE

Danknuse

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