CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/25/2013

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).

| certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|-------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------|-------------------------------------|----------|--------|--|
| PRO | DUCER | | | | CONTACT NAME: Martha Benjamin | | | | | | |
| MBI Insurance Agency, Inc. | | | | | PHONE (A/C, No, Ext): (703) 860-0906 FAX (A/C, No): (703) 860-0907 | | | | | | |
| 2940 Harvest Glen Court | | | | | E-MAIL ADDRESS: martha@mbiagency.biz | | | | | | |
| | Hill, VA 20171 | | | | ADDRE | INSURER(S) AFFORDING COVERAGE NAIC # | | | | NAIC # | |
| Oak Hill, VA 2017 I | | | | | INSURER A : Erie Insurance Exchange | | | | | | |
| INCURED | | | | | | | | | | | |
| INSURED | | | | | INSURER B: | | | | | | |
| The Model Home Theory, LLC | | | | | INSURER C: | | | | | | |
| d/b/a The Model Home Look | | | | | INSURER D : | | | | | | |
| 585 Grove Street, Ste. G-10 | | | | | INSURER E : | | | | | | |
| Herndon, VA 20170 | | | | | 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 LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS | | | | | |
| GENERAL LIABILITY | | | WVD | POLICY NUMBER | | (IMIM/DD/YYYY) | (MIM/DD/YYYY) | | | 00,000 | |
| | | | ' | | | | | DAMAGE TO RENTED | | 00,000 | |
| A | A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | ' | 000 0000075 | | 2/8/13 | 2/8/14 | PREMISES (Ea occurrence) | | | |
| | | | ' | Q26-0820675 | | | | MED EXP (Any one person) | \$5,00 | | |
| | | | ' | | | | , , | PERSONAL & ADV INJURY | | 00,000 | |
| | | | | | | | | GENERAL AGGREGATE \$2,000 | | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | ı ' | ' | | | | | PRODUCTS - COMP/OP AG | G \$2,00 | 00,000 | |
| | POLICY X PRO- | <u> </u> | <u> </u> | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | , | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | | |
| | ANY AUTO | ı ' | | | | | | BODILY INJURY (Per persor | | | |
| | ALL OWNED SCHEDULED | ı ' | ' | | | | | BODILY INJURY (Per accide | · | | |
| | AUTOS AUTOS NON-OWNED | ı ' | | | | | | PROPERTY DAMAGE | \$ | | |
| | HIRED AUTOS AUTOS | ı ' | ' | | | | | (Per accident) | \$ | | |
| | UMBRELLA LIAB OCCUR | $\overline{}$ | ┢ | | - | | | | _ | | |
| | - VOESS LAD | ı ' | ' | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | ı ' | ' | | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ | | | -' | | | | | L WO STATULE LOS | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | ' | | | | | WC STATU- OT TORY LIMITS F | ΓH- R | | |
| | | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | | | ' | | | | | E.L. DISEASE - EA EMPLO | /EE \$ | | |
| | | | ' | | | | | E.L. DISEASE - POLICY LIM | IT \$ | | |
| | | \Box | | | | | | | | | |
| | ! | ı ' | ' | | | | | | | | |
| | ! | ı ' | ' | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | | | | |
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| Home Improvement contractor - Washington, DC | | | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
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| Department of Consumer & Regulatory Affairs 1100 4th St, SW, 2nd Floor Washington, DC 20024 | | | | | 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 | | | | | |
| | | | | | | AUTHORIZED REPRESENTATIVE Martha Braganin | | | | | |