

KRISTENST

DATE (MM/DD/YYYY)	
4/40/0004	

MTPLEAS-01

		ER		FICATE OF LIA	ARILI	I Y INS	URAN	CE	4/	/10/2024		
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. 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).												
PRO	PRODUCER CONTACT Kristin Stephenson											
Rupp & Fiore Insurance Management, Inc. 200 Osborne St						PHONE (A/C, No, Ext): (412) 823-8595 FAX (A/C, No):(724) 861-4630						
	le Creek, PA 15145				E-MAIL ADDRESS	_{s:} kristin@	ruppfiore.c	om				
						INSURER(S) AFFORDING COVERAGE						
					INSURER A : Mutual Benefit Ins Company					14664		
INSU					INSURER B :							
	Mt Pleasant Window and Re 1018 Corporate Lane, Unit A					INSURER C :						
	Export, PA 15632	•			INSURER D : INSURER E :					+		
					INSURER							
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												
	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY											
E	CLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE	BEEN RE	EDUCED BY	PAID CLAIMS					
	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	4 000 000		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000 300,000		
				CP10933628		4/11/2024	4/11/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							FRODUCTS - COMF/OF AGG	\$			
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			BA00933628		4/11/2024	4/11/2025	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$	2 000 000		
A	X UMBRELLA LIAB X OCCUR			CU00933628		4/11/2024 4/11/202	4/11/2025	EACH OCCURRENCE	\$	2,000,000		
	EXCESS LIAB CLAIMS-MADE	_		000933028			4/11/2025	AGGREGATE	\$			
A	DED X RETENTION \$ 10,000							Y PER OTH-	\$			
	AND EMPLOYERS' LIABILITY		WS24933628			4/11/2024 4/11/2	4/11/2025	X STATUTE ER	\$	500,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYE	1	500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000		
Α	Hired Auto Liability			BA00933628		4/11/2024	4/11/2025		Ť	1,000,000		
Α	Business Auto-Rental			BA00933628		4/11/2024	4/11/2025	Physical Damage		100,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requi	red)				
CERTIFICATE HOLDER CANCELLATION												
1					SHOU	ILD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE		LED BEFORE		

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kristi R. hunson

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