

CERTIFICATE OF LIABILITY INSURANCE

CSTAUFFER

DATE (MM/DD/YYYY) 4/18/2022

GEORELE-01

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY (SURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to th	e terms and conditions of the	he policy, certain	policies may			
PRODUCER	o the ce				CISR AINS		
Univest Insurance, LLC	CONTACT NAME: Cynthia L Stauffer, CISR,AINS PHONE (A/C, No, Ext): (267) 646-0984 FAX (A/C, No): (866) 931-5521						
521 W Main Street			[A/C, No, Ext): [207] 0400904 E-MAIL ADDRESS: [A/C, No): [A/C, No): [600] 931-3321				
PO Box 391 Lansdale, PA 19446							
		_				-1	NAIC #
	INSURER A : Selective Insurance Co. of the Southeast				39926		
INSURED George E Ley Company Eastern Irrigation & Pump Co. 130 Devereux Road Glenmoore, PA 19343-1615			INSURER B : AmTrust Insurance Company of Kansas				15954
			INSURER C : ACE American Insurance Company				22667
			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRE PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE B	OF ANY CONTRA ED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT	ЕСТ ТС	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU INSD W\	/D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X	S 2360091	9/20/2021	9/20/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
					MED EXP (Any one person)	\$	15,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	3,000,000
POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$	3,000,000
OTHER:						\$	
A AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO		S 2360091	9/20/2021	9/20/2022	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY X SCHEDULED					BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
A X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
EXCESS LIAB CLAIMS-MADE		S 2360091	9/20/2021	9/20/2022	AGGREGATE	\$	10,000,000
DED X RETENTION \$ 0	5					\$	
B WORKERS COMPENSATION					X PER OTH- STATUTE ER	Ψ	
		TWC4040231	9/20/2021	9/20/2022	E.L. EACH ACCIDENT	\$	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						1,000,000
If yes, describe under					E.L. DISEASE - EA EMPLOYEE		1,000,000
C Pollution Liability		CPM G28165006 006	9/18/2021	9/18/2022	E.L. DISEASE - POLICY LIMIT	\$	2,000,000
A Equipment Floater		S 2360091	9/20/2021	9/20/2022	Maximum Limit		300,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC LFUCG is included as an Additional Insured where required by written contract.	Les (ACO	spects to General Liability co	CANCELLATION	THE ABOVE D	DESCRIBED POLICIES BE C IEREOF, NOTICE WILL	ANCEL	LED BEFORE

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