



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TS
 DATE(MM/DD/YYYY)
 05/18/11

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).


| | | | |
|--|--|--|------------------------------|
| PRODUCER Christian-Baker Company P.O. Box 158 Camp Hill, PA 17001-0158 James D. Pace | 717-761-4712 | CONTACT NAME: _____ PHONE (A/C, No., Ext): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: KUGLE-1 | FAX (A/C, No.): _____ |
| | 717-761-5810 | INSURER(S) AFFORDING COVERAGE | |
| INSURED David A. Kugler Critter Catchers, Inc. 2800 Scenic Meadows Drive Ortonville, MI 48462 | INSURER A: AEGIS Security Insurance Co. | | NAIC # 33898 |
| | INSURER B: Liberty Mutual | | 23043 |
| | INSURER C: _____ | | _____ |
| | INSURER D: _____ | | _____ |
| | INSURER E: _____ | | _____ |

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 INSR | WORD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
|----------|---|---|-------|-----------------|-------------------------|-------------------------|---|--|--|-----------------------------------|
| A | GENERAL LIABILITY | | | NWC337719 | 07/01/11 | 07/01/12 | EACH OCCURRENCE \$ 300,000 | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000 | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 1,000 | | | |
| | <input checked="" type="checkbox"/> Herb/Pest Endt | | | | | | PERSONAL & ADV INJURY \$ 300,000 | | | |
| | GENL AGGREGATE LIMIT APPLIES PER: | | | | | | | | | GENERAL AGGREGATE \$ 600,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | | | PRODUCTS - COMPROP AGG \$ 600,000 |
| | | | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | \$ | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ | | | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ | | | |
| | <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ | | | |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | \$ | | | |
| | <input type="checkbox"/> RETENTION \$ | | | | | | \$ | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC534S505032011 | 03/09/11 | 03/09/12 | WC STATUTORY LIMITS OTH-ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A | | | | E.L. EACH ACCIDENT \$ 100,000 | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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|---|---|
| CERTIFICATE HOLDER FOR BID For Bid Purposes Only | CANCELLATION 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  |