



CERTIFICATE OF INSURANCE

DATE ISSUED (MM/DD/YY) 10/22/14

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY EMBREE INSURANCE AGENCY 3401 UNIVERSITY DR DURHAM, NC 27707-2656 (919)489-7336	AGENT'S NO. JJ1086	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-In-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
--	------------------------------	--

NAME AND ADDRESS OF NAMED INSURED J & L PROFESSIONAL WINDOW CLEANING, LLC 5417 HOLLAND FARMS WAY RALEIGH, NC 27603	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
---	---

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO (Add'l LTR/Ins'd)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
E	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q29 3021040	5/30/14	5/30/15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any One Fire)	\$ 1,000,000	MED EXP (Any One Person)	\$ 5,000	PERSONAL & ADV. INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OP AGG	\$ 2,000,000		
EACH OCCURRENCE	\$ 1,000,000																		
FIRE DAMAGE (Any One Fire)	\$ 1,000,000																		
MED EXP (Any One Person)	\$ 5,000																		
PERSONAL & ADV. INJURY	\$ 1,000,000																		
GENERAL AGGREGATE	\$ 2,000,000																		
PRODUCTS-COMP/OP AGG	\$ 2,000,000																		
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$						
BODILY INJURY (EACH PERSON)	\$																		
BODILY INJURY (EACH ACCIDENT)	\$																		
PROPERTY DAMAGE	\$																		
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$																		
<input type="checkbox"/>	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$						
EACH OCCURRENCE	\$																		
AGGREGATE	\$																		
	\$																		
	\$																		
<input type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4" style="text-align: center;">STATUTORY</th></tr> <tr><td rowspan="3" style="vertical-align: middle;">BODILY INJURY BY</td><td>ACCIDENT</td><td style="text-align: right;">\$</td><td>EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$</td><td>POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td style="text-align: right;">\$</td><td>EACH EMPLOYEE</td></tr> </table>	STATUTORY				BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT	DISEASE	\$	POLICY LIMIT	DISEASE	\$	EACH EMPLOYEE
STATUTORY																			
BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT																
	DISEASE	\$	POLICY LIMIT																
	DISEASE	\$	EACH EMPLOYEE																
<input type="checkbox"/>	OTHER				<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; border: 1px solid black;"> Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336 </td> <td style="width: 50%; text-align: center; border: 1px solid black;"> Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336 </td> </tr> </table>	Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336	Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336												
Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336	Embree Insurance Agency PO Box 52467 Durham, NC 27717 Phone: (919) 489-7336																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 *****CLASSIFICATION:
 1. WINDOW WASHING
 2. PRESSURE WASHING

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER J & L PROFESSIONAL WINDOW CLEANING, LLC 5417 HOLLAND FARMS WAY RALEIGH, NC 27603	AUTHORIZED REPRESENTATIVE
---	--------------------------------------