

CSINKS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/05/2018

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.

lf ti	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to the	the certi	terms and conditions of ificate holder in lieu of su	ich end	orsement(s)	policies may	require an end	dorsemen	t. Ast	atement on	
PRC	DDUCER	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277 E-MAIL ADDRESS: admin@amesgough.com										
830	es & Gough 00 Greensboro Drive											
Suite 980 McLean, VA 22102												
	•	INSURER(S) AFFORDING COVERAGE NAIC INSURER A : Continental Casualty Company (CNA) A, XV 20443						NAIC #				
INSI	URED	INSURER B: Travelers Indemnity Co. of America A++, XV 25666										
	Concrete Insight LLC	INSURER C:										
2416 Southgate Sq						INSURER D:						
	Reston, VA 20191					INSURER E :						
				INSURER F:								
СО	OVERAGES CERT	ΓIFIC	CATE	NUMBER:				REVISION NU	MBER:			
II C	THIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY RE EXCLUSIONS AND CONDITIONS OF SUCH F	QUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W ED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)						
A		IIIOD					02/05/2019	EACH OCCURRENCE \$			1,000,000	
	CLAIMS-MADE X OCCUR			6024707700		02/05/2018		DAMAGE TO RENTED		\$	300,000	
								MED EXP (Any one person) \$		\$	10,000	
								PERSONAL & ADV INJURY \$			1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	2,000,000	
	POLICY PRO- OTHER:							PRODUCTS - COM	MP/OP AGG	\$	2,000,000	
Α				6024707700		02/05/2018	02/05/2019	COMBINED SINGLE LIMIT		\$ \$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$				
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
	AUTOS ONET							(i oi deoidein)		\$		
Α	X UMBRELLA LIAB X OCCUR			6024707728		02/05/2018	02/05/2019	EACH OCCURRENCE \$			1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$	1,000,000	
	DED X RETENTION\$ 10,000									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
_	If yes, describe under DESCRIPTION OF OPERATIONS below			10000000		00/05/00/0	00/05/00/0	E.L. DISEASE - PC	LICY LIMIT	\$	4 000 000	
В	Professional Liab.			106868208		02/05/2018	02/05/2019	Per Claim			1,000,000	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI fessional Liability Aggregate: \$2,000,000		CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)				
	33 13 , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
CF	RTIFICATE HOLDER	CANCELLATION										
Evidence of Coverage						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										
		10 1										