

## CERTIFICATE OF INSURANCE

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

NAME AND NUMBER OF AGENCY

JONES INSURANCE SERVICE

HH1137

DATE ISSUED 06/27/2017

NAME AND ADDRESS OF CERTIFICATE HOLDER

JOHNSON CITY , TN 37601-2553

423-282-9339

NAME AND ADDRESS OF NAMED INSURED

PLOTT CREEK GROUND MAINTENANCE KEVIN B HOWELL D/B/A \* 1202 KENDRICK CREEK RD KINGSPORT TN 37663-3200 LIMITED EDITION HOA 76 STERLING CT N JOHNSON CITY TN 37604-

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

POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF INSURANCE		400000000000000000000000000000000000000
Q320121995	08/01/2017	08/01/2018		s 1000000	
			FIRE DAMAGE (Any one premises)	s 1000000	
			MED EXP (Any one person)	\$ 5000	
			PERSONAL & ADV INJURY	s 1000000	
			GENERAL AGGREGATE	s 2000000	
			PRODUCTS-COMP/OP AGG	\$ 2000000	
				1	
				l	
AUTOMOBILE LIABILITY ANY AUTO (OWNED, HIRED, NON-OWNED)	08/01/2017	08/01/2018	BODILY INJURY	s	
(	1	1		\$	
			BODILY INJURY AND	s 1000000	
EXCESS LIABILITY OCCURRENCE FORM Q320171848	08/01/2017	08/01/2018	EACH OCCURRENCE	1000000	
			AGGREGATE	1000000	
WORKERS COMPENSATION Q862500729	02/25/2017	02/25/2018	STATUTORY		
			BODILY ACCIDENT S	500000	EACH ACCIDENT POLICY LIMIT
Economical Company of the Company of	Q320121995 Q080132334 Q320171848	Q320121995 08/01/2017 Q080132334 08/01/2017 Q320171848 08/01/2017	Q080132334 08/01/2017 08/01/2018  Q320171848 08/01/2017 08/01/2018	Q320121995   O8/01/2017   O8/01/2018   EACH OCCURRENCE	Q320121995   Q8/01/2017   Q8/01/2018   EACH OCCURRENCE   \$ 1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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 succendorsement(s).

THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS ON THE CERTIFICATE HOLDER. IT DOES NOT AFFIRMATIVELY OR NEGATIVELY LIST, AMEND, EXTEND OR OTHERWISE ALTER THE TERMS, EXCLUSIONS AND CONDITIONS OF INSURANCE COVERAGE CONTAINED IN THE POLICY(IES) INDICATED ABOVE. 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 CERTIFICATE HOLDER.

**ERIE INSURANCE** 

SEE REVERSE SIDE

AUTHORIZED REPRESENTATIVE Cipiani

UF-1568 09/12

CIF