

NAME AND ADDRESS OF NAMED INSURED

## CERTIFICATE OF INSURANCE

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

 NAME AND NUMBER OF AGENCY
 BB1888
 DATE ISSUED

 Undougst insurance
 BB1888
 01/29/2025

 7430 NEW TECHNOLOGY WAY #120
 NAME AND ADDRESS OF CERTIFICATE HOLDER

LSJV LIMITED & ENDT #1 23 GREY PEBBLE CT

**DARNESTOWN MD 20874-3235** 

MARYLAND DEPARTMENT OF AGRICULTURE PESTICIDE REGULATION SECTION 50 HARRY S TRUMAN PKWY ANNAPOLIS MD 21401-

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.

TYPE OF INSURANCE	<b>POLICY NUMBER</b> Q390450146	POLICY EFFECTIVE DATE 03/04/2025	POLICY EXPIRATION DATE 03/04/2026	LIMITS OF INSURANCE		
GENERAL LIABILITY				EACH OCCURRENCE	\$1000000	
COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GEN'L AGGREGATE LIMIT APPLIES PER: PROJECT				FIRE DAMAGE (Any one premises)	\$1000000	
				MED EXP (Any one person)	\$5000	
				PERSONAL & ADV INJURY	\$1000000	
				GENERAL AGGREGATE	\$2000000	
				PRODUCTS-COMP/OP AGG	\$2000000	
AUTOMOBILE LIABILITY ANY AUTO (OWNED, HIRED, NON-OWNED)	Q030403853	03/04/2025	03/04/2026	BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT)	\$	
	7			PROPERTY DAMAGE	\$	
	,			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1000000	
EXCESS LIABILITY	Q270470006	6 03/04/2025	03/04/2026	EACH OCCURRENCE	4000000	
OCCURRENCE FORM				AGGREGATE	4000000	
WORKERS COMPENSATION	Q875400314	03/04/2025	03/04/2026	STATUTORY		
AND EMPLOYERS LIABILITY				BODILY ACCIDENT INJURY DISEASE BY DISEASE	\$500000 \$500000 \$500000	EACH ACCIDENT POLICY LIMIT EACH EMPLOYEE
OTHER						

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

PESTICIDE HERBICIDE APPLICATION COVERAGE APPLIES # 18324

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).

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 GROUP

SEE REVERSE SIDE

Marc Cipicani

AUTHORIZED REPRESENTATIVE

UF-1568B 0912