

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2023

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. 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: PHONE (600) 287 0606 FAX (600) 287 5227					
Insurance Agency Management				(A/C, No, Ext): (000) 001 0000 (A/C, No): (000) 001 0001					
230 High Street P.O. Box 158				ADDRESS:					
				INSURER(S) AFFORDING COVERAGE					
Burlington NJ 08016									
INSURED				INSURER B :					
The Peak Service Corp P.O. Box 2329			INSURER C :						
P.O. B0X 2329			INSURER D :						
Cinnaminson NJ 08077				INSURER E :					
INSURE F.									
COVERAGES CERTIFICATE NUMBER: 23-24 Master 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 Image: Content of 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 ADD	LSUBR			POLICY EFF	POLICY EXP	1 184	ITS		
LTR TYPE OF INSURANCE INSU		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s s		
CLAIMS-MADE OCCUR						DAMAGE TO RENTED	\$		
						PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
PRO-									
						PRODUCTS - COMP/OP AGG	\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$		
						(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
						EACH OCCURRENCE	\$		
CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION						X PER OTH- STATUTE ER	\$		
							\$ 1,00	0.000	
A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	R EXCLUDED? N N/A 65PP0B-04/2N47-2-22			05/02/2023	05/02/2024	E.L. EACH ACCIDENT	ISEASE - EA EMPLOYEE \$ 1,000,000		
If yes, describe under							\$ 1,00		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$.,	-,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
L CERTIFICATE HOLDER CANCELLATION									
Navy Federal Credit Union c/o Brett Hunter				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
820 Follin Lane				AUTHORIZED REPRESENTATIVE					
						1 1			
Vienna		VA 22180				1/.,			

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