BEYOEXT-01

MSANDY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/11/2021

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 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 su		iatoment on			
PRODUCER	CONTACT Certificate Department				
Preferred Insurance Services, Inc	PHONE (A/C, No, Ext): (703) 667-5940 FAX (A/C, No): (703)	AX (C, No): (703) 991-4838			
4035 Ridge Top Road, Suite 150 Fairfax, VA 22030	E-MAIL ADDRESS: certs@preferins.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Erie Insurance Exchange	26271			
INSURED	INSURER B : Progressive Gulf Insurance Company	42412			
Beyond Exteriors LLC	INSURER C : Erie Insurance P & C	26830			
14524-E Lee Road LLC 14524-E Lee Road	INSURER D:				
Chantilly, VA 20151	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORM	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS			

EYCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE REEN REDUCED BY PAID OF AIMS

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR NVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY				,,,,,,,	EACH OCCURRENCE	\$ 1,000,00		
	CLAIMS-MADE X OCCUR		Q42-1850644	6/18/2021	6/18/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0		
						MED EXP (Any one person)	\$ 5,00		
						PERSONAL & ADV INJURY	\$ 1,000,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00		
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00		
	OTHER:						\$		
В	AUTOMOBILE LIABILITY	ABILITY			COMBINED SINGLE LIMIT (Ea accident)	\$ 500,00			
	X ANY AUTO		03500518-6	2/15/2021	2/15/2022	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION \$						\$		
С	AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER			
	ANY PROPRIETOR PARTIER/EXECUTIVE	N/A	Q87-6100301	3/11/2021	3/11/2022	E.L. EACH ACCIDENT	\$ 100,00		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,00		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Evidence of insurance

This certificate shows coverages currently in force for the above named insured, and is for internal use only. If a certificate holder needs to be added you can provide us your information, by visiting our website at https://www.preferins.com/certificate-insurance/, Email it to: certs@preferins.com or it can be Fax to: 703-991-4838

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	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 Patrick M. Sui