

**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 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).**

<b>PRODUCER</b> Joseph D Walters Insurance 4552 Route 51 South Belle Vernon, PA 15012	<b>CONTACT NAME:</b> PHONE (A/C. No, Ext): <b>800.878.3808</b> FAX (A/C. No): <b>412.831.7498</b> E-MAIL ADDRESS: _____ <div style="text-align: center;">INSURER(S) AFFORDING COVERAGE      NAIC #</div> INSURER A : <b>CoLony Ins Co</b> <b>39993</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> <b>Boyz In Da Hood, Six Colors LLC DBA</b> 905 S Kimball Grand Island, NE 68801	

**COVERAGES      CERTIFICATE NUMBER: 1/16-17 GL 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 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>GL4172866</b>	<b>01/22/2016</b>	<b>01/22/2017</b>	EACH OCCURRENCE      \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)      \$ <b>5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>1,000,000</b>
							\$
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)      \$
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE      \$
<input type="checkbox"/> OCCUR							AGGREGATE      \$
<b>EXCESS LIAB</b>							\$
<input type="checkbox"/> CLAIMS-MADE							
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							WC STATU-TORY LIMITS      OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N      N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT      \$
							E.L. DISEASE - EA EMPLOYEE      \$
							E.L. DISEASE - POLICY LIMIT      \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**Conestoga Mall 2002 LLC and J Herzog & Sons, Inc are named as additional insureds on the commercial general liability policy (when required by written contract) with respect to ongoing operations of the named insured. RE: Conestoga Mall**

<p><b>CERTIFICATE HOLDER</b></p> <p style="font-size: 24px; margin-top: 50px;">FOR BIDDING PURPOSES ONLY</p>	<p><b>CANCELLATION</b></p> <p style="font-size: 10px;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p><small>AUTHORIZED REPRESENTATIVE</small></p> <p style="text-align: right; font-size: 18px;"><i>Bonnie Vedder</i></p> <p><b>Bonnie Vedder/BONVED</b></p>
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