

LMICKESH

CERTIFICATE OF LIABILITY INSURANCE

ACORD[®]

DATE (MM/DD/YYYY) 02/02/2018

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).

th	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su								
	DUCER				CONTA NAME:	СТ						
Sandy Spring Insurance Corporation 170 Jennifer Road, Suite 200 Annapolis, MD 21401						PHONE (A/C, No. Ext): (410) 897-5800 FAX (A/C, No. (301) 2					60-3667	
						E-MAIL ADDRESS: info@sandyspringinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURE	INSURER A: Wesco Insurance Company									
INSURED Lockey & Associates,LLC						INSURER B:						
						INSURER C:						
2525 Riva Road, Suite143 Annapolis, MD 21401					INSURER D :							
					INSURER E :							
				INSURER F:								
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	/IBFR:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TO	WHICH THIS	
	INSR LTR TYPE OF INSURANCE		SUBR		DELIVI		POLICY EXP (MM/DD/YYYY)		LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		WVD			(MIN/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENC		\$		
								DAMAGE TO RENTE PREMISES (Ea occu				
										\$		
								MED EXP (Any one)		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV I		\$		
	POLICY PRO- LOC							GENERAL AGGREG		\$		
	OTHER:							PRODUCTS - COMP	70P AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	- norson)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E accidenti	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CF.	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$		
	DED RETENTION \$							- AGGILLOATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$		
Α	Law Firm			WPP106574904		02/07/2018	02/07/2019			<u> </u>	1,000,000	
Α	Professional Liab			WPP106574904		02/07/2018	02/07/2019	Aggregate			2,000,000	
DED	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC DUCTIBLE PER CLAIM \$1,000 RO DATE 02/07/2000	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION						
FOR INFORMATION PURPOSES 2525 RIVA RD STE 143 Annapolis, MD 21401						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						