



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

PRODUCER		CONTACT NAME:	
Frank D. Spicer Jr. Insurance Agency 11781 Lee Jackson Memorial Hwy Ste 620 Fairfax		PHONE (A/C, No. Ext): (703)385-5100	FAX (A/C, No): (703)385-4418
		E-MAIL ADDRESS: office@erispicer.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Erie Ins Exch	26271
INSURED		INSURER B : Flagship City Ins Co	35585
Gutter Ethics LLC 7420 Alban Station Blvd Ste A101 Springfield		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		VA 22033	
		VA 22150-2320	

COVERAGES

CERTIFICATE NUMBER:

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.

INSURANCE AND CONDITIONS OF COVERAGE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAYED CLAIMS.		TYPE OF INSURANCE		ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	COMMERCIAL GENERAL LIABILITY			Q37-0158926	01/01/2026	01/01/2027	EACH OCCURRENCE			\$ 1000000					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)			\$ 1000000					
							MED EXP (Any one person)			\$ 5000					
							PERSONAL & ADV INJURY			\$ 1000000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE			\$ 2000000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG			\$ 2000000					
	OTHER:									\$					
A	AUTOMOBILE LIABILITY			Q01-0141861	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)			\$ 1000000					
	ANY AUTO						BODILY INJURY (Per person)			\$					
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)			\$					
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)			\$					
										\$					
										\$					
A	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	Q25-0175727	01/01/2026	01/01/2027	EACH OCCURRENCE			\$ 1000000					
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE			\$ 1000000					
			<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N				<input checked="" type="checkbox"/> PER STATUTE			OTH-ER					
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> N	N/A	Q85-5105064	01/01/2026	01/01/2027	E.L. EACH ACCIDENT			\$ 1000000				
			<input type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE			\$ 1000000				
			<input type="checkbox"/> N					E.L. DISEASE - POLICY LIMIT			\$ 1000000				
			<input type="checkbox"/> N												

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

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only

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

APPOINTED REPRESENTATIVE
Uva N Chukwu

Fax:

Email:

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