

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2023

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 liqu of such endorsement(s).

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PRO	DUCER				CONTACT NAME: Sheryl Donnell, CISR							
Wagner Giblin Insurance						PHONE (814) 474-5575 FAX (A/C, No, Ext): (814) 474-3993						
3928 Avonia Road						E-MAIL ADDRESS: sheryl@wagner-giblin.com						
P. O. Box 280						INSURER(S) AFFORDING COVERAGE						
Fairview PA 16415						INSURER A: Silver Oak Casualty, Inc					31763	
INSURED						INSURER B:						
Stabile Arbor LLC						INSURER C :						
209 Oak Street												
200 0 411 011 011						INSURER D :						
	Meadville	PA 16335				INSURER E :						
			TIFICATE NUMBER: 2023-24			INSURER F:						
		TOMBER	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 POLICY EFF POLICY EXP												
LTR	LTR TYPE OF INSURANCE		WVD	WVD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$		
								MED EXP (Any one per	rson)	\$		
								PERSONAL & ADV INJ	JURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	1	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$		
	OTHER:							1.11020010 00111170		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$		
	ANY AUTO							BODILY INJURY (Per p		\$		
	OWNED SCHEDULED							BODILY INJURY (Per a	accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUP							EAGU GOOLIDDENGE				
	EVERGE LIAB COCCUR							EACH OCCURRENCE		\$		
	CLAINS-INADE							AGGREGATE		\$		
-	DED RETENTION \$ WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y/N	N/A							·	500.0	000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		SVWCPA31374820	SVWCPA3137482023		02/01/2023	02/01/2024	E.L. EACH ACCIDENT		\$ 500,000 = \$ 500,000		
	(Mandatory in NH) If yes, describe under							EOO O				
_	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	YLIMIT	\$ 500,0	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
To Whom It May Concern						ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE						
l		LHQW)										