OP ID: GH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/24/11

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).

PRODUCER		703-333-5100	CONTACT Gay Howard					
A & R Associates, Ltd. 703-333-3290		703-333-3290	PHONE (A/C, No, Ext): 703-333-5100 FAX (A/C, No): 7	03-333-3290				
6379 Little River Turnpike			E-MAIL ADDRESS: Gay@a-r-associates.com					
	ia, VA 22312 ard		PRODUCER CUSTOMER ID #: AMERI15					
Gay Howard			INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	AMERICAN SOCIETY	OF MILITARY	INSURER A : CHARTER OAK FIRE INS. CO.	25615				
	COMPTROLLERS AN		INSURER B: TRAVELERS INDEMNITY COMPANY	25658				
	415 N ALFRED STRE	· 	INSURER C: TRAVELERS INSURANCE CO.	39357				
	ALEXANDRIA, VA 22	314	INSURER D:					
			INSURER E:					
			INSURER F:					

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.

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			W-680-3331C39	01/01/11	01/01/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC						·	\$	
	AUTOMOBILE LIABILITY			W 600 2024 022	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO			W-680-3331C39	01/01/11	01/01/12	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS							\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
-	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			IKUB-3400Y43	01/01/11	01/01/12	WC STATU- TORY LIMITS X OTH- ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	E.L. EACH ACCIDENT				\$	1,000,000	
	(Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE				\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
O	INTERNATIONAL			GB06303319	04/13/10	04/13/11	Limit		1,000,000
	LIABILITY								
DEC	CRIPTION OF OPERATIONS (LOCATIONS (MELICI	FC (544		0000 404 Additional December Only of					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Policy #W-680-3331C39

CERTIFICATE HOLDER

INSASMC CANCELLATION

American Society of Military Comptrollers 415 North Alfred Street Alexandria, VA 22314 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

Gay Howard

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ACORD 25 (2009/09)

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