

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2023

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 lieu of such endorsement(s).

PRODUCER							CONTACT NAME:					
							PHONE (A/C, No, Ext): (A/C, No):					
BRYAN A JONES							E-MAIL ADDRESS:					
300 W WASHINGTON ST							INSURER(S) AFFORDING COVERAGE					
CHARLES TOWN WV 25414-1534						INSURER A: Nationwide Assurance Company				NAIC# 10723		
INSURED							INSURER B:					
							INSURER C:					
KEYES FERRY ACRES MAINTENANCE ASSOCIATION INC							INSURER D:					
329 GREENWOOD RD							INSURER E:					
HARPERS FERRY WV 25425-4664						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					EBEEN REDUCED BY PAID CLAIMS.							
INSR LTR	1	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	;		
	Ш	COMMERCIAL GENERAL LIABILITY								\$ 1,00	000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	,000	
									MED EXP (Any one person)	\$ 5,00	00	
Α					ACP BP01 3039685293		02/26/2023	02/26/2024	PERSONAL & ADV INJURY	\$ 1,00	000,00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	000,00	
		POLICY PRO- LOC			•				PRODUCTS - COMP/OP AGG	s 2,00	000,00	
		OTHER:	<u></u>					ĺ		\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							· · · · · · · · · · · · · · · · · · ·	\$	***************************************	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	*****	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		ACTOS CALL								\$		
		UMBRELLA LIAB OCCUR								s		
		EXCESS LIAB CLAIMS-MADE								\$		
		DED RETENTIONS	1									
	WOR	RKERS COMPENSATION							PER TOTH-	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								^			
	OFFICER/MEMBEREXCLUDED?									\$		
	If ves	s describe under								\$		
_	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DEC	raia-	TION OF OPERATIONS / LOCATIONS / VEHIC	LES /	C000	404 Additional Promoto Call Co.	la ma	altached !f		الد.			
		ove mentioned businessowners pol							•			
	o ab	ove memoried adomessouriers por	Cy III	oiuuc.	3 directors and officers had	inty cov	erage with a	mint of \$1,000	o,ooo aggregate.			
CE	RTIF	FICATE HOLDER				CANC	ELLATION					
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Emily McFarland, Secretary							ACCORDANCE WITH THE POLICY PROVISIONS.					
KFAMA, Inc												
PO Box 269						AUTHORIZED REPRESENTATIVE						
	Charles Town WV 25414						Bryan Jones					
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