



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2016

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 TOWNE INSURANCE AGENCY LLC 301 BENEDIX ROAD SUITE 300 VIRGINIA BEACH, VA 23452	CONTACT NAME:	
	PHONE (A/C, No, Ext): (757) 622-4661	FAX (A/C, No):
	E-MAIL ADDRESS: Hjumanah@lyonshipyard.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : UNITED STATES FIRE INSURANCE COMPANY	19259
INSURED NAMED INSURED & ADDRESS	INSURER B : SELECTIVE INSURANCE COMPANY	
	INSURER C : SIGNAL MUTUAL INSURANCE COMPANY	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			POLICY #	10/27/2016	10/27/2054	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	SRL						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY #	10/27/2016	10/27/2054	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY #	10/27/2016	10/27/2054	EACH OCCURRENCE	\$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input checked="" type="checkbox"/>				AGGREGATE	\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$							\$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY# *USL&H INCLUDED*	10/27/2016	10/27/2054	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	*POLL LIABILITY POLICY*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY#	10/27/2016	10/27/2054	*POLLUTION REQUIRED FOR GAS FREEING/BLASTING/PAINTING/REMOVAL OR INSTALLATION OF HAZMAT*	
	SUPPLY FULL POLICY (IF APPLICABLE VENDOR)							\$ 5,000,000*

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

PROVIDE A DESCRIPTION/SUMMARY OF WORK

WAIVER OF SUBROGATION IS PROVIDED IN FAVOR OF LYON SHIPYARD

USL&H IS INCLUDED IN WORKERS COMPENSATION POLICY

ALL POLICIES ARE ENDORSED TO INCLUDE A 30 DAY NOTICE OF CANCELLATION INCLUDING MATERIAL CHANGE AND INTENT NOT TO RENEW.

LYON SHIPYARD INC AS ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

LYON SHIPYARD INC ATTENTION: HALIMAH JUMANAH P.O. BOX 2180 NORFOLK, VA 23501-2180	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
	PRINT/ SIGN

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