

RENEWAL CERTIFICATE

AGENT	ITEM 2. POLICY PERIOD	POLICY NUMBER
BB1462 LINDQUIST INS ASSOC INC	04/25/11 TO 04/25/12	Q28 2520641 M
ITEM 1. NAMED INSURED AND ADDRESS		ITEM 3. OTHER INTEREST
LUDWIG PAINTING INC JOSHUA T LUDWIG T/A 1119 GREENWAY RD COCKEYSVILLE MD 21030-1707		

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

THE ERIE'S LIMIT OF LIABILITY IS STATED BELOW. THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS AND ENDORSEMENTS.

LIABILITY COVERAGE

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 1,000,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000	ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT	\$ 2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	

SCHEDULE OF INSURED'S OPERATIONS

INSURED'S OPERATIONS	STATE	NUMBER OF EMPLOYEES	DEPOSIT PREMIUM
PAINTING	MD	1 FULL TIME PART TIME	\$ INCL \$

\$ 250 DEDUCTIBLE APPLIES TO SPRAY PAINTING OPERATIONS

OPTIONAL LIABILITY COVERAGES

VOLUNTARY PROPERTY DAMAGE LIABILITY - \$ 250 DEDUCTIBLE	\$ INCL
\$ 5,000 EACH OCCURRENCE/\$ 25,000 AGGREGATE	
ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (ULRH)	\$ INCL

TOTAL LIABILITY PREMIUM	- \$
TOTAL PROPERTY PREMIUM	- - \$
TOTAL DEPOSIT PREMIUM	- - \$

APPLICABLE FORMS - SEE SCHEDULE OF FORMS