

RENEWAL CERTIFICATE

Agent	ITEM 2. Policy Period	Policy Number
BB1462 LINDQUIST INS ASSOC INC	04/25/13 TO 04/25/14	Q28 2520641 M

ITEM 1. Named Insured and Address
 LUDWIG PAINTING INC
 JOSHUA T LUDWIG T/A
 1119 GREENWAY RD
 COCKEYSVILLE MD 21030-1707

ITEM 3. Other Interest

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

EACH OCCURRENCE LIMIT	LIMITS OF INSURANCE	
DAMAGE TO PREMISES	\$ 1,000,000	
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