ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					-	11/26/2018		
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				/ Frederick				
Valley Forge Insurance Brokerage			(A/O, NO, EAG.	27-1413	FAX (A/C, No):			
One Bala Plaza, Suite 100			E-MAIL ADDRESS: Zachary	.Frederick	@vfib.com			
Bala Cynwyd, Pa 19004					DING COVERAGE	NAIC #		
			INSURER A : Philadelphia Indemnity Insurance Company 1805					
INSURED			INSURER B :					
BOSMA DESIGN SOLUT	IONS		INSURER C :					
DBA IKITCHEN CONCER	-		INSURER D :					
4704 NANTUCKET COU			INSURER E :					
FLOWER MOUND, TX 75			INSURER F :					
		ATE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMENT, TERM OR CONDITION	OF ANY CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT	TO WHICH THIS		
EXCLUSIONS AND CONDITIONS OF SUCH	ADDLS	SUBR	POLICY EFF	POLICY EXP				
LTR TYPE OF INSURANCE	INSD 1		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
					EACH OCCURRENCE \$ DAMAGE TO RENTED			
					PREMISES (Ea occurrence) \$			
					MED EXP (Any one person) \$			
					PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$			
	$\left \right $				COMBINED SINGLE LIMIT &			
					(Ea accident)			
ANY AUTO					BODILY INJURY (Per person) \$			
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY					(Per accident)			
	$\left \right $				\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$			
DED RETENTION \$					PER OTH-			
AND EMPLOYERS' LIABILITY Y / N					STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	***		
		DU0D4055405	00/00/00 10	010010040		\$2,000,000		
A Misc Professional Liability		PHSD1355107	06/20/2018	6/20/2019	Annual Aggregate	\$4,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER			CANCELLATION					
BOSMA DESIGN SOLUT DBA IKITCHEN CONCER 4704 NANTUCKET COU	PTS		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
FLOWER MOUND, TX 75			AUTHORIZED REPRESENTATIVE					
,			Zachary Frederick					
			© 19	88-2015 AC	ORD CORPORATION. All	rights reserved.		

CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE H CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY T							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 SUBROGATIONIS 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											
	ertifi DUCI		eu of such endorse	ement	t(s).		CON	NTACT				
			GENCY INC/PHS	5			NAN					
65812846												
THE HARTFORD BUSINESS SERVICE CENTER					ITER							
3600 WISEMAN BLVD					PHONE (A/C, No, Ext): (888) 242-1430 (A/C, No): (888) 443-6112							
SAN ANTONIO, TX 78265					(A/C, No, Ext): (888) 242-1430							
					ADDRESS:				NAIC#			
INSU	RED	1					INSURER(S) AFFORDING COVERAGE				11000	
BOSMA DESIGN SOLUTIONS INC						INSURER A : The Sentinel Insurance Company INSURER B :						
470	4 N	IANTUCKET CT	-				INSU	URER C :				
FL	DWI	ER MOUND TX	75022-5471				INSI	URER D :				
								URER E :				
							INSU	URER F :				
									55//0/			
		RAGES				NUMBER: NCE LISTED BELOW F	IAVE	BEEN ISSUED		DN NUMBER: D NAMED ABOVE FOR TH	HE POLICY PERIOD	
										OCUMENT WITH RESPEC RIBED HEREIN IS SUBJ		
Т	RM			SUCH		IES. LIMITS SHOWN MA		VE BEEN REDUC				
INSF LTR		TYPE OF IN		INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
		COMMERCIAL GENE								EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000 \$1,000,000	
		CLAIMS-MADE						PREMISES (Ea occurrence)	\$1,000,000			
A	X	General Liabi	шу			65 SBM NX7117	,	11/03/2018	11/03/2019	MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000	
	GEI	N'L AGGREGATE LIMI	APPLIES PER:				17 11/03/2016	11/03/2010	11/03/2019	GENERAL AGGREGATE	\$2,000,000	
		POLICY PRO- JECT								PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:										
	AU.									COMBINED SINGLE LIMIT	\$1,000,000	
	ANY AUTO								(Ea accident) BODILY INJURY (Per person)			
A		ALL OWNED AUTOS	IED SCHEDULED 65 SBM NX71		65 SBM NX7117	7	11/03/2018	11/03/2019	BODILY INJURY (Per accident)			
	x	1	NON-OWNED	OS V NON-OWNED							PROPERTY DAMAGE	
			AUTOS							(Per accident)		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		
		DED RETENTIO										
		RKERS COMPENSAT								PER X OTH- STATUTE X ER		
Δ	A ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?				65 WBC AT1310	0 11/03/2018	11/03/2019	E.L. EACH ACCIDENT	\$1,000,000			
								E.L. DISEASE -EA EMPLOYEE	\$1,000,000			
		es, describe under SCRIPTION OF OPERA	TIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,000	
A	E	MPLOYMENT	PRACTICES			65 SBM NX711		7 11/03/2018 11/03/20	11/03/2019	Each Claim Limit	\$10,000	
							7 11/03/2018 11/03/2019		Aggregate Limit	\$10,000		
				ES (AC	ORD 10	1, Additional Remarks Sche	edule,	may be attached if n	nore space is require	ed)		
Tho	se u	isual to the Insure	d's Operations.									
CERTIFICATE HOLDER CANCELLATION												
BOSMA DESIGN SOLUTIONS, INC. 4704 NANTUCKET CT					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
FLOWER MOUND TX 75022-5471					ACCORDANCE WITH THE POLICY PROVISIONS.							
							1	Sugan J. C	astaned	a		