

**ACORD** TM **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
10/26/11

PRODUCER Avery W. Hall Ins. Agency, Inc 308 East Main Street PO Box 2317 Salisbury, MD 21802-2317 Joseph L. Gast, CPCU, ChFC	410-742-5111 410-742-5182	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>COMPANIES AFFORDING COVERAGE</b>		
COMPANY A Continental Casualty Company		
COMPANY B		
COMPANY C		
COMPANY D		
INSURED	W R McCain & Associates Inc 205 Executive Plaza Salisbury, MD 21804	

**COVERAGES**

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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY OCC \$ BODILY INJURY AGG \$ PROPERTY DAMAGE OCC \$ PROPERTY DAMAGE AGG \$ BI & PD COMBINED OCC \$ BI & PD COMBINED AGG \$ PERSONAL INJURY AGG \$								
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ BODILY INJURY & PROPERTY DAMAGE COMBINED \$								
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - POLICY LIMIT	\$	EL DISEASE - EA EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE - POLICY LIMIT	\$												
EL DISEASE - EA EMPLOYEE	\$												
A	<input type="checkbox"/> OTHER <b>ERRORS &amp; OMISSIONS</b>	RNP 194204690-11	11/06/11	11/06/12	1,000,000 1,000,000 EA INCIDENT AGGREGATE								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 THE FOLLOWING APPRAISERS ARE COVERED UNDER THE ABOVE POLICY ONLY AS IT APPLIES TO PROFESSIONAL SERVICES PERFORMED ON BEHALF OF THE NAMED INSURED FOR OTHERS (SEE ATTACHED LIST).

**CERTIFICATE HOLDER** **CANCELLATION**

WRMCA01  W R McCain & Associates Attn: Sallie Magee 205 Executive Plaza Salisbury, MD 21804	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Joseph L. Gast, CPCU, ChFC</b>
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W.R. McCain & Associates, Inc.  
Appraisers

First

Last

1	<b>Kevin</b>	<b>Brady</b>
2	<b>Pam</b>	<b>Bursler</b>
3	<b>Larry</b>	<b>Chester</b>
4	<b>Lee</b>	<b>Gosnell</b>
5	<b>Corey</b>	<b>Hoch</b>
6	<b>Stacey</b>	<b>Horsey</b>
7	<b>Denver</b>	<b>Hudson</b>
8	<b>Clyde</b>	<b>Marriner</b>
9	<b>Bill</b>	<b>McCain</b>
10	<b>Rochelle</b>	<b>Durham</b>
11	<b>Lori</b>	<b>Mrohs</b>
12	<b>Brendon</b>	<b>Murray</b>
13	<b>Gretchen</b>	<b>Nichols</b>
14	<b>Georgia</b>	<b>Nichols</b>
15	<b>Bridget</b>	<b>Peters</b>
16	<b>Warren</b>	<b>Pitsenbarger</b>
17	<b>Karen</b>	<b>Ranney</b>
18	<b>Lauren</b>	<b>Ruhl</b>
19	<b>Ginger</b>	<b>Williams</b>