

PRODUCER

Perry Hall Insurance Brks Inc
 PO Box 159
 Perry Hall MD 21128

Vincent Piscopo
 Phone No. 410-529-6354 Fax No. 410-529-5769

INSURED

Unit South Durham Homestead Houses Inc.

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.

COMPANIES AFFORDING COVERAGE

| | |
|-----------|--------------------------|
| COMPANY A | TAPCO Underwriters, Inc. |
| COMPANY B | |
| COMPANY C | |
| COMPANY D | |

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|--------|--|-------------------------------|----------------------------------|-----------------------------------|--|------------|
| A | GENERAL LIABILITY | BINDER# DOLAF-W | 02/29/08 | 03/01/09 | BODILY INJURY OCC | \$ |
| | <input checked="" type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY AGG | \$ |
| | <input type="checkbox"/> PREMISES/OPERATIONS | | | | PROPERTY DAMAGE OCC | \$ |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD | | | | PROPERTY DAMAGE AGG | \$ |
| | <input type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | BI & PD COMBINED OCC | \$ 1000000 |
| | <input type="checkbox"/> CONTRACTUAL | | | | BI & PD COMBINED AGG | \$ 2000000 |
| | <input type="checkbox"/> INDEPENDENT CONTRACTORS | | | | PERSONAL INJURY AGG | \$ 1000000 |
| | <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | | |
| | <input type="checkbox"/> PERSONAL INJURY | | | | | |
| | AUTOMOBILE LIABILITY | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) | | | | PROPERTY DAMAGE | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | BODILY INJURY & PROPERTY DAMAGE COMBINED | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | <input type="checkbox"/> GARAGE LIABILITY | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTHER |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | <input type="checkbox"/> INCL | | | EL EACH ACCIDENT | \$ |
| | | <input type="checkbox"/> EXCL | | | EL DISEASE - POLICY LIMIT | \$ |
| | | | | | EL DISEASE - EA EMPLOYEE | \$ |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE(S)/SPECIAL ITEMS

Mayor & City Council, their agents and employees are named as additional insureds as respects to 7 South Durham St, Baltimore City, MD (1 Park with 8 parking slots-Block # 1735 Lot 68)

CERTIFICATE HOLDER

MAYOR&C

Mayor & City Council
 Ms Labissiere
 300 W 29th St.
 Baltimore MD 21211

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Vincent Piscopo