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M C K I S S I C K  
A S S O C I A T E S  
A R C H I T E C T S

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**SUMMARY OF INSURANCE**



**FOR:**  
 MCKISSICK ASSOCIATES  
 317 N. FRONT ST.  
 HARRISBURG PA 17101  
 Phone:

Prepared: 06-07-2011

FAX:

**BY:**  
 HOME OFFICE  
 NATIONAL TRUST INS PROGRAM/MDP/PHS  
 PO BOX 29611  
 CHARLOTTE NC 28229  
 Phone: (866)467-8730

722214

FAX: (877)538-5295

ACCOUNT POLICY RECAP	Policy Number	Eff Date	Exp Date	Premium
. Spectrum Hartford Casualty Ins Co	30 SBW BN6417	12052010	12052011	\$4,689.00

**POLICY DETAIL**                      **Policy . Spectrum**

<u>Property Coverages - Special Form</u>	<u>Limit</u>	<u>Deductible</u>
<b>Location 001 Building 001</b> 317 N FRONT STREET HARRISBURG, PA 17101-1203		
BUILDING Replacement Cost	\$2,909,200	\$1,000
BUSINESS PERSONAL PROPERTY Replacement Cost	\$504,200	\$1,000
BUILDING STRETCH SUPER STRETCH		
LTD FUNGI BACTERIA/VIRUS COVG LTD FUNGI BI # OF DAYS - 30	\$50,000	

Additional Interest: Mortgagee                      MID PENN BANK OPERATIONS CENTE  
 894 N RIVER RD  
 HALIFAX, PA 17032

**Location 002 Building 001**  
 401 E. 4TH ST.STE. 203  
 WINSTON SALEM, NC 27101-4171

BUSINESS PERSONAL PROPERTY Replacement Cost	\$91,200	\$1,000
STRETCH LTD FUNGI BACTERIA/VIRUS COVG LTD FUNGI BI # OF DAYS - 30	\$50,000	

**Property Add'l Policy Coverages - Applicable to all policy locations**

EQUIPMENT BREAKDOWN COVERAGE  
 BUS INCOME W/ EXTRA EXPENSE  
 TERRORISM  
 IDENTITY RECOVERY COVERAGE

**Comm'l Liability Coverages - Applicable to all policy locations**

Each Occurrence	\$2,000,000
Damage to Premises Rented to You	\$2,000,000
Medical Expense (Any One Person)	\$10,000
Personal & Advertising Injury	\$2,000,000
General Aggregate	\$4,000,000
Product/Compleat Operation Aggregate	\$4,000,000
Hired Non-Owned Auto Liability	\$2,000,000
Umbrella Liability	\$2,000,000
TERRORISM	

<u>Class Description Detail</u>	<u>Code</u>	<u>Premium Basis</u>
Location 001 ARCHITECTS & ARCHITECTURE SERV	65761	\$6,417,835
Location 002 ARCHITECTS & ARCHITECTURE SERV	65761	\$1,124,785

This Summary and its attachments provides a high level overview of policy coverages and does not include all conditions, limitations or exclusions. Please refer to the actual policy forms for detailed coverages, limits and deductibles.

**DONEGAL**

INSURANCE GROUP

MARIETTA, PENNSYLVANIA 17547-0302

**COMMERCIAL AUTO POLICY DECLARATION****COVERAGE IS PROVIDED BY ATLANTIC STATES INSURANCE COMPANY****ITEM ONE: New Business Policy****POLICY NUMBER: CAA8091678****Commercial Auto**

NAMED INSURED AND MAILING ADDRESS		AGENT NAME AND ADDRESS	
McKissick Associates PC 317 N Front St Harrisburg PA 17101		R T Dunn Insurance Inc 200 W Main St PO Box 2335 Mechanicsburg PA 17055 717-766-0770  AGENT NUMBER: 0005607 00	
<b>FORM OF NAMED INSURED'S BUSINESS:</b> CORPORATION	<b>NAMED INSURED'S BUSINESS:</b> ARCHITECT & ENGINEER FIRM	<b>POLICY PERIOD:</b> FROM: 10/23/2010 TO: 10/23/2011 12:01 A.M. STANDARD TIME AT THE NAMED INSURED'S ADDRESS SHOWN.	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**BELOW YOU WILL FIND IMPORTANT INFORMATION REGARDING THESE POLICY DECLARATIONS.****IMPORTANT NOTICE COVERAGE FOR RENTED AUTOS**

IF YOU HAVE PURCHASED COLLISION COVERAGE UNDER THIS POLICY ON COVERED AUTOS WITH SYMBOL 8 = HIRED AUTOS ONLY, COVERAGE EXTENDS TO COLLISION DAMAGE TO AN AUTO (AS DEFINED IN YOUR POLICY) THAT YOU \* MAY RENT. THIS COVERAGE IS EXCESS OVER OTHER AVAILABLE INSURANCE. IF YOU HAVE A COLLISION LOSS WITH THE RENTED AUTO, YOU MAY HAVE TO PAY THE LOWEST COLLISION DEDUCTIBLE AMOUNT SHOWN ON THE DECLARATIONS UNDER SYMBOL 8. BECAUSE THERE ARE MANY DIFFERENT AUTO RENTAL CONTRACTS, YOU SHOULD READ SUCH CONTRACTS CAREFULLY BEFORE REJECTING "COLLISION DAMAGE WAIVER COVERAGE" OFFERED BY AN AUTO RENTAL AGENCY. (SEE YOUR POLICY FOR COVERAGE DETAILS.)

\* "YOU" MAY BE A SOLE PROPRIETOR, A PARTNER, OR AN EXECUTIVE OFFICER, FOR THE PURPOSE OF THIS RENTAL COVERAGE.

CMOF334 09/90

**FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CMOF-232 08 08

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS** - This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the "COVERED AUTOS" Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT		PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
LIABILITY COMBINED SINGLE LIMIT	7, 8, 9	1,000,000	EACH ACCIDENT	\$2,242.00
BASIC FIRST PARTY BENEFITS	5	SEE ITEM THREE SCHEDULE		\$150.00
ADDED FIRST PARTY BENEFITS	5	SEE ITEM THREE SCHEDULE		Incl.
EXTRAORDINARY MEDICAL		SEE ITEM THREE SCHEDULE		
UNINSURED MOTORISTS	7	500,000 EACH ACCIDENT NO STACKING OF COVERAGE		\$141.00
UNDERINSURED MOTORISTS	7	500,000 EACH ACCIDENT NO STACKING OF COVERAGE		\$322.00
PHYSICAL DAMAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS, MINUS DEDUCTIBLE SHOWN		
COMPREHENSIVE SPECIFIED CAUSES OF LOSS	7	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS.		\$327.00
COLLISION	7	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO. SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS.		\$826.00
TOWING & LABOR		SEE ITEM THREE FOR EACH LIMIT OF DISABLEMENT OF A PRIVATE PASSENGER AUTO.		
ADDITIONAL MISC. PREMIUM		SEE ENDORSEMENT FORM		\$75.00
AUDIO VISUAL		SEE ENDORSEMENT FORM		
TAPES AND RECORDS		SEE ENDORSEMENT FORM		
RENTAL REIMBURSEMENT		SEE ENDORSEMENT FORM	CA 9923	\$156.00
<b>TOTAL POLICY PREMIUM</b>				<b>\$4,239.00</b>

*Amos Nicholas* President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/1/2011

PRODUCER (201)262-1200 FAX: (201)262-7810  
**Fenner & Esler**  
 467 Kinderkamack Road  
 P. O. Box 60  
 Oradell NJ 07649-0060

INSURED  
**McKissick Associates PC**  
 317 N. Front Street  
 Harrisburg PA 17101

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Eastern Alliance Insurance</b>	
INSURER B: <b>Navigators Insurance Company</b>	42307
INSURER C: <b>Liberty Ins Underwriters</b>	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	01-0000501667-05	3/1/2011	3/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	<b>OTHER Primary Prof Liab</b>	CM11DPL842235NV	2/14/2011	2/14/2012	Per Claim/Agg \$2MM/\$2MM
C	<b>Excess Prof Liab</b>	EONYAAC457001	2/14/2011	2/14/2012	Per Claim/Agg \$1MM/\$1MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

Sample Certificate

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy Esler/MICHEL

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.