



100 Erie Insurance Place • Erie, PA 16530

# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE (MM/DD/YY) 05/10/10
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NAME AND ADDRESS OF AGENCY <b>WASCOVICH INSURANCE AGENCY</b> 9265 OLDE EIGHT ROAD NORTHFIELD CENTER, OH 44067-2013	AGENT'S NO. <b>GG1163</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">COMPANY(IES) AFFORDING COVERAGE</th> </tr> <tr> <td style="padding: 2px;"><b>Co.: C</b></td> <td style="padding: 2px;"><b>ERIE INSURANCE COMPANY</b></td> </tr> <tr> <td style="padding: 2px;"><b>Co.: D</b></td> <td style="padding: 2px;"><b>ERIE INSURANCE PROPERTY &amp; CASUALTY COMPANY</b></td> </tr> <tr> <td style="padding: 2px;"><b>Co.: E</b></td> <td style="padding: 2px;"><b>ERIE INSURANCE EXCHANGE</b> Erie Indemnity Co., Attorney-in-Fact</td> </tr> <tr> <td style="padding: 2px;"><b>Co.: F</b></td> <td style="padding: 2px;"><b>ERIE INSURANCE COMPANY OF NEW YORK</b></td> </tr> <tr> <td style="padding: 2px;"><b>Co.: G</b></td> <td style="padding: 2px;"><b>FLAGSHIP CITY INSURANCE COMPANY</b></td> </tr> </table>	COMPANY(IES) AFFORDING COVERAGE		<b>Co.: C</b>	<b>ERIE INSURANCE COMPANY</b>	<b>Co.: D</b>	<b>ERIE INSURANCE PROPERTY &amp; CASUALTY COMPANY</b>	<b>Co.: E</b>	<b>ERIE INSURANCE EXCHANGE</b> Erie Indemnity Co., Attorney-in-Fact	<b>Co.: F</b>	<b>ERIE INSURANCE COMPANY OF NEW YORK</b>	<b>Co.: G</b>	<b>FLAGSHIP CITY INSURANCE COMPANY</b>
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NAME AND MAILING ADDRESS OF INSURED <b>DOX CALIBRATION, LLC</b> <b>JOSEPH MONGELLUZZI atima</b> 8893 Perkins Drive Mentor, Oh 44060		This Certificate is issued for information purposes only. It does not list, amend, extend, or otherwise alter the terms and conditions of insurance coverage contained in the Policy(ies) indicated below issued by ERIE. The terms and conditions of the Policy(ies) govern the insurance coverage as applied to any given situation.  Any party can request a policy and/or Declaration by asking the Insured or the Agent. Limits shown may have been reduced by claims paid.												

**This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.**

CO/LTR	Add'l Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
E	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q41 2150636	5/21/10	5/21/11	EACH OCCURRENCE	\$ 2,000,000
						FIRE DAMAGE (Any One Fire)	\$ 2,000,000
						MED EXP (Any One Person)	\$ 5,000
						PERSONAL & ADV. INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS-COMP/OP AGG	\$ 4,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE				BODILY INJURY (EACH PERSON)	\$
						BODILY INJURY (EACH ACCIDENT)	\$
						PROPERTY DAMAGE	\$
						BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$
		<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>				<b>STATUTORY</b>	
						<b>BODILY INJURY BY</b>	
						ACCIDENT	\$ EACH ACCIDENT
						DISEASE	\$ POLICY LIMIT
						DISEASE	\$ EACH EMPLOYEE
		<b>OTHER</b>					

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

Mechanical Equipment Calibration.

**CANCELLATION FOR NON-PAYMENT, CAUSE OR NAMED INSURED'S REQUEST:** When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, ERIE will endeavor to mail written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon ERIE, its Agents or representatives.

**CANCELLATION FOR SPECIAL CONTRACTS:** (If the box is checked, this Certificate involves a special contract and the following cancellation provisions apply.) When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, ERIE will endeavor to mail 30 days written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon ERIE, its Agents or representatives.

<b>CERTIFICATE HOLDER</b>  DOX CALIBRATION, LLC JOSEPH MONGELLUZZI atima 8893 Perkins Drive Mentor, Oh 44060	<b>ATTENTION CERTIFICATE HOLDER</b> If your firm is a Certificate Holder for other policies of this Insured, Certificates of Insurance for these other policies will be forwarded to you as soon as they are processed. AUTHORIZED REPRESENTATIVE
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## **IMPORTANT**

If the certificate 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**

The Certificate of Insurance on the first page of this form 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.