_			<u>ATE OF LIABILIT</u>		Y INSURANCE  THIS CERTIFICATE IS ISSUED AS A MATTE			DATE (MM/DD/YYYY) 3/5/2009	
		(703)530-1300 FAX:		THIS CERT	TIFICATE IS ISSU D CONFERS NO	JED AS A MATTER O RIGHTS UPON	OF II THE	NFORMATION CERTIFICATE	
		Graham & Ogden Ins.	, Inc.	HOLDER.	HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
789	96 I	onegan Drive		ALIER IHE	COVERAGE AF	FORDED BY THE PO	LICIE	S BELUW.	
Мат	1200	as VA 20	109	INSURERS AFFORDING COVERAGE			NAIC #		
Manassas VA 20109 INSURED				INSURER A: American Alternative Ins			NAIC #		
Apr	oala	chian Search & Rescu	e Conference, Inc. &		INSURER B:				
Alleghany Mountain Rescue Group, etal					INSURER C:				
2105 26th Street, South				INSURER D:					
Ar]	ling	ton VA 22	206	INSURER E:	INSURER E:				
	ERAC								
REC THE	QUIRE INSI	MENT, TERM OR CONDITION OF AN	W HAVE BEEN ISSUED TO THE INSU NY CONTRACT OR OTHER DOCUMEI ICIES DESCRIBED HEREIN IS SUB N REDUCED BY PAID CLAIMS.	NT WITH RESPECT	T TO WHICH THIS (	CERTIFICATE MAY BE IS	SUED	OR MAY PERTAIN,	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LI	VITS		
		GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,000	
A		X COMMERCIAL GENERAL LIABILITY		2/1/2009	2/1/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	Incl.	
		CLAIMS MADE X OCCUR	TR-2050521-02			MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000	
		X POLICY PRO- POLICY LOC				PRODUCTS - COMP/OP AG	G \$	2,000,000	
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A		ALL OWNED AUTOS SCHEDULED AUTOS	CM-1050344-02	2/1/2009	2/1/2010	BODILY INJURY (Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		X 10				PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDEN	т \$		
		ANY AUTO				OTHER THAN EA AC AUTO ONLY:	C \$		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE				AGGREGATE	\$		
							\$		
		DEDUCTIBLE					\$		
		RETENTION \$					\$		
		KERS COMPENSATION AND OYERS' LIABILITY				WC STATU- TORY LIMITS E	H- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$		
	If yes, describe under				E.L. DISEASE - EA EMPLOY				
		SPECIAL PROVISIONS below		0/1/0000	2/1/2010	E.L. DISEASE - POLICY LIM	IT \$	F00 000	
A OTHER Management Liab. TR-20		Management Liab.	TR-2050521-02	2/1/2009	2/1/2010	Each Act Aggregate		500,000 1,000,000	
Com	monw	ealth of PA, Department o	ES/EXCLUSIONS ADDED BY ENDORSEMEN f Conservation and Natural gards to the Insured's ope	l Resources (		Additional Insure	d und	er the	

## CERTIFICATE HOLDER

(724)368-3417

Commonwealth of PA Dept. of Conservation & Natural Resources Rachel Carson State Office Bld P.O. Box 8767 Harrisburg, PA 17105-8767

## CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail  $\underline{10}$  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

James Stokely/CHC

## **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**

The Certificate of Insurance on the reverse side 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.