



Regulatory Office:
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Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

**Commercial Excess Follow Form And Umbrella Liability Policy
Certificate Holder Schedule Of Underlying Insurance**

Effective Date Of This Schedule: 05/06/2024

Attached To And Forming Part Of Certificate Number: PPP7479164L2

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Mount Vernon Fire Insurance Company Policy Number: TBD Term: 05/06/2024 to 05/06/2025	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 1,000,000	each Occurrence
		\$ 2,000,000	General Aggregate
		(Other than Products Completed Operations)	
		\$ 2,000,000	Products Completed Operations Aggregate
		\$ 1,000,000	Personal and Advertising Injury
b. Name: Mount Vernon Fire Insurance Company Policy Number: NPP2571448A Term: 05/06/2024 to 05/06/2025	Automobile Liability	\$ 1,000,000 Combined Single Limit	
		HNOA ONLY	
c. Name: PENNSYLVANIA MANUFACTURERS Policy Number: 2023011164938Y Term: 05/06/2024 to 05/06/2025	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident	
		\$ 500,000	each Accident Disease
		Bodily Injury by Disease \$ 500,000 each Policy	
Bodily Injury by Disease \$ 500,000 each Employee			
d. Name: Great American Policy Number: EPP4341776-05 Term: 05/06/2024 to 05/06/2025	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence	
		\$ 1,000,000 Aggregate	
e. Name: Excluded Policy Number: Term:	Stop Gap Employers' Liability	Bodily Injury by Accident \$ 0 each Accident Disease	
		Bodily Injury by Disease \$ 0 each Policy	
		Bodily Injury by Disease \$ 0 each Employee	

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
f. Name: Policy Number: Term:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$
		\$
		\$