

MMILLER1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

tr	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ch end	lorsement(s)		require an end	Orsemen	L. A3	taternent on	
PRODUCER Cincinnati (HHH) / AssuredPartners NL 5905 E. Galbraith Rd., Suite 5000 Cincinnati, OH 45236						CONTACT Marcia Miller						
						PHONE (A/C, No, Ext): (513) 333-0700 FAX (A/C, No): (513) 333-0735						
						E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE					NAIC #					
		INSURER A : Cincinnati Insurance Company						10677				
INSL	IRED	INSURER B:										
Vogelpohl Fire Equipment, Inc.						INSURER C:						
2770 Circleport Drive Erlanger, KY 41018					INSURER D:							
					INSURER E :							
						INSURER F:						
СО	VERAGES CER	RTIFI	CATE	NUMBER:				REVISION NUM	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TC	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR	BR		POLICY EFF POLICY EX (MM/DD/YYYY)						
Α	X COMMERCIAL GENERAL LIABILITY	III III					08/04/2020	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			EPP0546838				DAMAGE TO RENT PREMISES (Ea occi	ED	\$	500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC OTHER:							MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
								GENERAL AGGREC	GATE	\$	2,000,000	
								PRODUCTS - COM	P/OP AGG	\$	2,000,000	
										\$		
Α	ANY AUTO			EPP0546838		08/04/2019	08/04/2020	COMBINED SINGLE (Ea accident)	ELIMIT	\$	1,000,000	
								BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	3E 	\$		
										\$		
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			EPP0546838		08/04/2019	08/04/2020	EACH OCCURREN	CE	\$	2,000,000	
								AGGREGATE		\$	2,000,000	
	DED X RETENTION\$	1					DED.	OTH-	\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		l .			00/04/0040	08/04/2020	X PER STATUTE	ER ER		500.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			EWC0546874		08/04/2019		E.L. EACH ACCIDE	NT	\$	500,000	
								E.L. DISEASE - EA	EMPLOYEE	\$	500,000 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	500,000	
P	DEPTION OF OPERATIONS (1.55.1-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1.50	100=	104 Addition 175 175 175 175 175 175 175 175 175 175	1			D				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORL	J 101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requii	ed)				
CERTIFICATE HOLDER						CANCELLATION						
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
		Libra Brown										