

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/08/2021

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 line of each order and confer rights.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement o this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										on	
PRODUCER						CONTACT Nick Schlotman					
CAI Insurance Agency, Inc.						PHONE (A/C, No, Ext): (513) 221-1140 FAX (A/C, No): (513) 872-7519					
2035 Reading Road						E-MAIL nick@cai-insurance.com					
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Cincinnati OH 45202-1415						INSURER A: Ohio Security Ins Co				NAIC # 24082	
INSURED						INSURER B: Ohio Casualty Ins Co					
DWA Recreation, Inc., David Williams & Associates						INSURER C:					
1010 Harrison Ave					INSURER D:						
					INSURER E :						
Harrison			OH 45030			INSURER F:					
COVERAGES CER			TIFICATE NUMBER: 21-22 Master			REVISION NUMBER:					
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	CLAIMS-MADE CCUR CLAIMS-MADE CCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC					04/01/2021	04/01/2022	EACH OCCURRENCE DAMAGE TO RENTED	4.00	0,000	
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,00 \$ 15,0	0,000	
Α				BKS58614596				PERSONAL & ADV INJURY	φ	0,000	
								GENERAL AGGREGATE	-	0,000	
								PRODUCTS - COMP/OP AGG	-	0,000	
	OTHER:							TROBUCTO COMITTOT TROC	\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS			BAS58614596		04/01/2021	04/01/2022	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$		
В	WIMBRELLA LIAB COCCUR							EACH OCCURRENCE	_{\$} 5,00	0,000	
	EXCESS LIAB CLAIMS-MADE			USO58614596		04/01/2021	04/01/2022			0,000	
	DED RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					04/01/2021	04/01/2022	➤ PER OTH-ER			
Α				XWS58614596				E.L. EACH ACCIDENT	\$ 1,00	0,000	
\ \	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		AW000014000		04/01/2021	04/01/2022	E.L. DISEASE - EA EMPLOYEE	φ	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-			=	-					
	ificate holder is automatic additional insured en contract or agreement including waiver o						tomobile liabili	ty when required by signed			
The state of agreement including traiter or easing after and primary a non-contributory providence.											
CERTIFICATE HOLDER						CANCELLATION					
Insured Copy						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					