Client#: 8615 DENNEXC

 $ACORD_{\scriptscriptstyle{\square}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/20/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

oo:						
PRODUCER	CONTACT MJ Insurance, Inc					
MJ Insurance, Inc.	PHONE (A/C, No, Ext): 317 805-7542 FAX (A/C, No): 317					
PO Box 3430	E-MAIL ADDRESS: certificate@mjinsurance.com					
Carmel, IN 46082-3430	INSURER(S) AFFORDING COVERAGE	NAIC #				
317 805-7500	INSURER A: Zurich American Insurance Co.	16535				
INSURED	INSURER B : Navigators Insurance Company	42307				
Denney Excavating, Inc.	INSURER C:					
P.O. Box 506	INSURER D:					
Plainfield, IN 46168	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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 LTR		TYPE OF INSURA		ADDL SU	UBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
Α	X	COMMERCIAL GENERAL		IIIOK II		GLO0276291	, ,	04/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
	Х	CONTRACTUAL							MED EXP (Any one person)	\$5,000
	X	XCU							PERSONAL & ADV INJURY	\$1,000,000
	GEN'	L AGGREGATE LIMIT API	PLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT	X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:								\$
Α	AUTOMOBILE LIABILITY				E	BAP5747208	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		XP	HYS DAMAGE			DED: \$5000 COMP/	\$5000 COL	L		\$
В		UMBRELLA LIAB X	OCCUR		C	CH20EXCZ01JYPIV	04/01/2020	04/01/2021	EACH OCCURRENCE	\$9,000,000
	X	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$9,000,000
		DED X RETENTION	1\$0							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			٧	VC5747209 04/01/2020 (04/01/2021	X PER OTH-			
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A 3A STATES INCL			3A STATES INCL	IN	E.L. EACH ACCIDENT	\$1,000,000
				N/ A	3	3C STATES EXCL			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
					1	ND,OH,WA,WY			E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	A LEASED/RENTED				(CPP5747210	04/01/2020	04/01/2021	\$600,000 PER ITEM	
	EQUIPMENT								\$1,000,000 OCCURRENCE	
									\$5,000 DEDUCTIBL	E

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
.SPECIMEN	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
	Anthony & Brunson

© 1988-2015 ACORD CORPORATION. All rights reserved.

