

WALTOWE

CERTIFICATE OF LIABILITY INSURANCE

ACORD.

01/23/2019

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).

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PRO	DDUCER				CONTA NAME:	ст Wendy S	tanley				
Hylant - Toledo 811 Madison Ave. Toledo, OH 43604						PHONE					
						E-MAIL ADDRESS: Wendy.Stanley@Hylant.com					
		INSURER(S) AFFORDING COVERAGE					NAIC#				
		INSURE	INSURER A: Selective Insurance Co of SC					19259			
INSU	JRED	INSURER B:									
Signs of Progress, LLC dba FASTSIGNS 5409 Hamlet Drive Findlay, OH 45840						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
СО	VERAGES CERT	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT	H RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE			SUBR WVD	UBR VVD POLICY NUMBER		POLICY EFF PO (MM/DD/YYYY) (MM			LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					12/29/2018		EACH OCCURRENC	E	\$	2,000,000
	CLAIMS-MADE X OCCUR			S2247471				DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	500,000
								MED EXP (Any one p	· 1	\$	15,000
								PERSONAL & ADV II		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	4,000,000
	POLICY PRO- JECT X LOC							PRODUCTS - COMP		\$	4,000,000
	OTHER:									\$	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			S2247471		12/29/2018	12/29/2019	BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	•	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	AUTOS ONET							(i oi dooidoin)		\$	
Α	X UMBRELLA LIAB X OCCUR	_		S2247471		12/29/2018	12/29/2019	EACH OCCURRENC	F	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$	3,000,000
	DED X RETENTION\$							7.001.207.12		\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC9048671		12/29/2018	12/29/2019	X PER STATUTE	OTH- ER	*	
								E.L. EACH ACCIDEN		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA E		•	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$	1,000,000
Α	Property			S2247471		12/29/2018	12/29/2019	Blanket BPP		•	914,262
DES Poli	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICL cy includes blanket Additional Insured p	ES (A	CORE	0 101, Additional Remarks Schedu a contract, subject to polic	ile, may b y provi	e attached if more	e space is requir	red)			
PRC	OOF OF INSURANCE for location at 2155	Elid	a Rd.	, Lima, OH 45805							
CE	RTIFICATE 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 Mill M. J.L.									
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