

## CERTIFICATE OF LIABILITY INSURANCE

7/1/2020

DATE (MM/DD/YYYY) 1/27/2020

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

this certificate does not comer rights to the certificate holder in fled of such endorsement(s).							
PRODUCER	Lockton Companies	CONTACT NAME:					
	444 W. 47th Street, Suite 900	PHONE (A/C, No, Ext):	FAX (A/C, No):				
	Kansas City MO 64112-1906 (816) 960-9000	E-MAIL ADDRESS:					
	(010) 700 7000	INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Nautilus Insurance Company					
INSURED 1473378	RENASCENT, INC.	INSURER B : BITCO General Insurance Corp 2					
	935 W. TROY AVE.	INSURER C: Lloyd's of London					
	INDIANAPOLIS IN 46225	INSURER D ;					
		INSURER E ;					
		INSURER F :					

COVERAGES

CERTIFICATE NUMBER: 16538842

REVISION NUMBER: XXXXXXX

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.

ISR TR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	CLAIMS-MADE OCCUR	N	N	ECP2029436-10	7/1/2019	7/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
		POLICY PRO- DECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
В	AUT	OMOBILE LIABILITY	N	N :	CAP3683715	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident)	\$ XXXXXXX
								PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
С	X	UMBRELLA LIAB OCCUR	N	N	ENVX0000213-19	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE	E.					AGGREGATE	\$ 10,000,000
		DED RETENTION\$						11/2000 - 11 17/2001	\$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  N N/A			N	N WC3683699	7/1/2019	7/1/2020	PER OTH- STATUTE ER	
			N/A					E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DÉS	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s 1,000,000
		DFESSIONAL / LLUTION	N	N	ECP2029436-10	7/1/2019	7/1/2020	\$1,000,000 / \$1,000,000 \$2,000,000 AGG	

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

CERTIFICATE HOLDER	CANCELLATION			
16538842 FOR INFORMATIONAL PURPOSES ONLY	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			
	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			

© 1988 2015 ACORD CORPORATION. All rights reserved.