

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03-06-2023

C B	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).													
	DUCE						CONTACT NAME: Rachel Sutton						
Rathweg Insurance Associates, Inc.							PHONE (A/C, No, Ext): (937)296-9393 FAX (A/C, No): (937)293-0440						
2212 S Patterson Blvd							E-MAIL ADDRESS: rachels@rathweginsurance.com						
Kettering, OH 45409							INSURER(S) AFFORDING COVERAGE					NAIC #	
License #: 1749							INSURER A : West Bend Mutual Ins Co				15350		
INSURED							INSURER B :				13330		
Sb lii Llc													
	2960 W Enon Rd						INSURER C :						
		Suite 17					INSURER D :						
		Xenia, OH 45	5385										
COVERAGES CERTIFI						NUMBER: 00007039-0	REVISION NUMBER: 57						
								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 INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
Α						A241249		02/28/2023	02/28/2024	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			-				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		'								MED EXP (Any one person)	\$	10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$	1,000,000		
									GENERAL AGGREGATE	\$	2,000,000		
PRO-										PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:									\$	2,000,000	
Α						A241249		02/28/2023	02/28/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000	
		OWNED 🔽	SCHEDULED							BODILY INJURY (Per accident)	\$		
	v	HIRED 🗸	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	X	AUTOS ONLY X	AUTOS ONLY							(Per accident)	\$		
Α	x	UMBRELLA LIAB	X OCCUR			A241249		02/28/2023	02/28/2024		\$	5,000,000	
~	<b>^</b>	EXCESS LIAB	X OCCUR CLAIMS-MADE			AZ41245		02/20/2023	02/20/2024	EACH OCCURRENCE AGGREGATE	\$	5,000,000	
			DED RETENTION \$							AGGREGATE	\$	0,000,000	
Α	- WORKERS COMPENSATION				A241249		02/28/2023	02/28/2024	PER STATUTE <b>X</b> OTH- ER	ъ Ф			
~	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					AZ41245		02/20/2023	02/20/2024	E.L. EACH ACCIDENT	¢	1,000,000	
	OFFICER/MEMBER EXCLUDED?		N / A							- ¢	1,000,000		
	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE		1,000,000		
Α	DÉSCRIPTION OF OPERATIONS below A Leased/Rented Equipm					A241249		02/28/2023	02/28/2024	E.L. DISEASE - POLICY LIMIT	\$	140,000	
~	Le		quipin			AZ41245		02/20/2023	02/20/2024			140,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is an additional insured for ongoing operations and for completed operations on a primary and non-contributory basis per form WB1482 07 17 if required by written contract with named insured. Wavier of subrogation is included in favor of certificate holder in regards to the General Liability and Auto Liability policies per forms CG 2453 1219 & CA 0444 10 13 if required by written contract.													
CE	RTIF	ICATE HOLDER					CANO	CELLATION					
Sample							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 Rochel Sutton © 1988-2015 ACORD CORPORATION. All rights re												(RAS)	
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