

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/8/2018

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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|---|---|----------|------------------|---------------------------------|---|--|----------------------------|---|-------|-----------|--|
| PRODUCER | | | | | | NAME: | | | | | |
| First Insurance Solutions | | | | | | PHONE (A/C, No, Ext): 262-521-0900 (A/C, No): | | | | | |
| 1601 Racine Ave. Ste. 101 | | | | | | E-MAIL info@firstautohomelife.com | | | | | |
| | | | | | | | | DING COVERAGE | | NAIC# | |
| Waukesha WI 53186 | | | | | INSURER A: TRAVELERS CAS INS CO OF AMER | | | | 19046 | | |
| INSURED | | | | | INSURER B: TRAVELERS IND CO OF CT | | | | | 25682 | |
| | Brew City Pc LLC | | | | INSURE | RC: | | | | | |
| | Po Box 620 | | | | | INSURER D: | | | | | |
| | | | | | | INSURER E: | | | | | |
| | Oconomowoc | WI 53066 | | | | INSURER F: | | | | | |
| COVERAGES CERT | | | TIFICATE 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 INSURANCE | | | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | , , , | , | EACH OCCURRENCE | \$ | 2,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | |
| | X SPC | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| A | | | | 6804J075950 | | 05/01/2018 | 05/01/2019 | PERSONAL & ADV INJURY | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 4,000,000 | |
| | PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 4,000,000 | |
| | OTHER: | | | | | | | FRODUCTS - COMPTOR AGG | \$ | .,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | FACIL COCUPDENCE | \$ | | |
| | EVOCAGO LIAD | | | | | | | EACH OCCURRENCE | | | |
| | CLAIWS-WADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | - | | | PER OTH- | \$ | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | | • | 100,000 | |
| В | OFFICER/MEMBER EXCLUDED? | | UB4J38863A | | | 05/01/2018 | 05/01/2019 | E.L. EACH ACCIDENT | \$ | 100,000 | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | | 500,000 | |
| | DÉSCRIPTION OF OPERATIONS below | - | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 300,000 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
| D_00 | The total of the there is a second of the terminal | (| | , 101, Additional Romanic Conca | uic, may | be attached if in | ore space is requ | iii cu) | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Renz Construction adn Remodeling | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| i | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | John Whit | | | | | |