

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2014

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(les) must 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).

PRODUCER			CONTACT Joann Rubino			
Morris Insurance G	coup	Inc.	PHONE (586) 569-0440 FAX NOV. (586) 56	59-0384		
Little-Killebrew-Steiger			E-MAIL ADDRESS: joann.rubino@morrisinsurancegroup.com			
22440 Hall Road			INSURER(S) AFFORDING COVERAGE	NAIC#		
Clinton Township	MI	48036	INSURER A: Cincinnati Insurance Companies			
INSURED			INSURER B : Liberty			
MDG Enterprises Ind	2		INSURER C :			
5970 Rattle Run			INSURER D ;			
			INSURER E:			
St Clair	MI	48079	INSURER F:			
COVERAGES		CERTIFICATE NUMBER:13/14	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INCHEANCE LISTER BELOW HAVE BEEN ISSUED TO THE INCHEEN NAMED ABOVE FOR THE POLICY DEPLOD						

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSF	SR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY	x				8/1/2014	EACH OCCURRENCE \$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED \$ 100,000	
A	CLAIMS-MADE X OCCUR			EPP 0035212			MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000,000	
A	X ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS			EPP 0035212	8/1/2013	8/1/2014	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS		,	•			PROPERTY DAMAGE (Per accident) \$	
							Michigan catastrophic claim \$	
A	X UMBRELLA LIAB X OCCUR			EPP 0035212	8/1/2013	8/1/2014	EACH OCCURRENCE \$ 6,000,000	
	EXCESS LIAB CLAIMS-MADE				1		AGGREGATE \$ 6,000,000	
	DED RETENTIONS 10,000						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE				8/3/2013	8/3/2014	E.L. EACH ACCIDENT \$ 1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC5-34s-510792-013			E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
					1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Add'l Insured: Roncelli Inc and Menard Inc, its officers, employees and agents.

CERTIFICATE HOLDER	CANCELLATION
Roncelli Inc 6471 Metro Parkway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sterling Heights, MI 48312	AUTHORIZED REPRESENTATIVE
	Sherry Platte/JR