Client#: 708442

**BANSACON** 

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2014

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(ies) 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).

| C   | ertificate holder in lieu of such endor | seme             | ent(s)                                   | ,             |   |                      |                            | oor amound about me                         | 3. 00m.or mg |       |  |
|---|---|------------------|--|---------------|---|----------------------|----------------------------|---|--------------|-------|--|
| PRODUCER  |   |                  |  |               |   | CONTACT Debbie Neace |                            |   |              |       |  |
| USI Midwest Cincinnati  |   |                  |  |               | PHONE (A/C, No, Ext): 513 852-6417 FAX (A/C, No): 610-5 |                      |                            |   | 37-4857      |       |  |
| 312 Eim Street,24th Floor   |   |                  |  |               | E-MAIL<br>ADDRESS: debbie.neace@usi.biz                 |                      |                            |   |              |       |  |
| Cin   | cinnati, OH 45202                       |                  | INSURER(S) AFFORDING COVERAGE            |               |   |                      |                            | NAIC#                                       |              |       |  |
|   |   |                  | INSURER A: Selective Ins Co of Southeast |               |   |                      |                            |   |              |       |  |
| INSU  |   |                  | INSURER B: Selective Ins Co of SC        |               |   |                      |                            | 19259                                       |              |       |  |
| Bansal Construction, Inc. 3263 Homeward Way   |   |                  |  |               | INSURER C:  |                      |                            |   |              |       |  |
|   |   |                  |  |               | INSURER D:  |                      |                            |   |              |       |  |
|   | Fairfield, OH 45014                     |                  | INSURER E :                              |               |   |                      |                            |   |              |       |  |
|   |   |                  | INSURER F:                               |               |   |                      |                            |   |              |       |  |
| CO  | /ERAGES CER                             | 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<br>LTR   | TYPE OF INSURANCE                       | ADDI.            | SUBR<br>WVD                              | POLICY NUMBER | POLIC<br>(MM/DD   | Y EFF<br>VYYYY)      | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                      |              |       |  |
| Α   | GENERAL LIABILITY                       |                  |  | S1954393      | 07/01/  | /2013                | 07/01/2014                 | EACH OCCURRENCE                             | \$1,00       | 0,000 |  |
|   | X COMMERCIAL GENERAL LIABILITY          |                  |  |               |   |                      |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence | ce) \$100,   | 000   |  |
|   | CLAIMS-MADE X OCCUR                     |                  |  |               |   |                      |                            | MED EXP (Any one perso                      | эп) \$5,00   | 0     |  |
|   |   |                  |  |               |   |                      |                            | PERSONAL & ADV INJUR                        | RY \$1,000   | 0,000 |  |
|   |   |                  |  |               |   |                      |                            | GENERAL AGGREGATE                           | \$2,000      | 0,000 |  |
|   | · · · · · · · · · · · · · · · · · · ·   | 1                | 1  |               |   |                      | 1                          |   |              |       |  |

GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY X PRO-**OH Stop Gap** \$1,000,000 07/01/2013 07/01/2014 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY Α S1954393 \$1,000,000 Х BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) Х HIRED AUTOS \$ \$ UMBRELLA LIAB Α X Χ S1954393 07/01/2013 07/01/2014 EACH OCCURRENCE OCCUR \$10,000,000 EXCESS LIAB CLAIMS-MADE \$10,000,000 AGGREGATE DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 07/01/2013 07/01/2014 X WC STATU-OTH-В WC7976107 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT N E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 07/01/2013 07/01/2014 \$150,000/\$2,000 Ded. Hired Phys Damage S1954393 07/01/2013 07/01/2014 \$1,500,000/\$2,500 Ded. Installation S1954393 Leasd Equipment S1954393 07/01/2013 07/01/2014 \$150.000/\$2.500 Ded.

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

| CERTIFICATE HOLDER          | CANCELLATION   |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|
| 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  |  |  |  |  |  |  |
|                             | adomos as Children   |  |  |  |  |  |  |
|                             | O 4000 COAC ACODD CODDODATION AND CLASS  |  |  |  |  |  |  |

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