RPTSEXP-01

EADAMS

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2017

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

l t	his (JBROGATION certificate doe:	IS s no	WAIVED, subject conferrights	ect to	o the	terms and conditions of tificate holder in fleu of si	the pouch en	olicy, certain dorsement(s	policies may	y require an end	orseme	nt. As	tatement on	
PRODUCER License # 1010									CONTACT NAME:						
SelbertKeck Insurance Agency 2950 W. Market Street								PHONE (A/C, No, Ext): (330) 867-3140 FAX (A/C, No): (330) 8						865-6826	
		OH 44333						E-MAIL ADDRESS: carrierweb@seibertkeck.com							
									INSURER(S) AFFORDING COVERAGE						
									INSURER A : Central Insurance Co					NAIC#	
RPTS, Inc and RPTS Express, Inc Dominique Kell									INSURER 8 : Northland Insurance Company 24015						
									INSURER C : Lloyd's of London						
									INSURER D:						
1220 Industrial Parkway North Brunswick, OH 44212								INSURER E :							
								INSURER F :						+	
COVEDACES															
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
C	NDIC ERT XCL	ATED. NOTWI IFICATE MAY E	THS BE I	TANDING ANY I SSUED OR MAY	REQU / PEF I POL	IIREM RTAIN ICIES	IENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A DED B	ANY CONTRA Y THE POLIC REDUCED BY	ICT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WIT BED HEREIN IS SI	TH RESPI	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE			ADDI	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S			
Α	X	COMMERCIAL GI	ENEF								EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE X OCCUR				1	CLP 9774839		05/10/2016	05/10/2017	DAMAGE TO RENTI PREMISES (Ea occu	ED irrençe)	\$	300,000		
											MED EXP (Any one		\$	5,000	
											PERSONAL & ADV I		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREG		\$	2,000,000	
	X	POLICY PE	CT	LOC							PRODUCTS - COMP	P/OP AGG	s	2,000,000	
		OTHER:									\$		s		
В	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS									COMBINED SINGLE (Ea accident)	LIMIT	\$	2,000,000		
						WF000991		08/20/2016	08/20/2017	BODILY INJURY (Pe		S			
										BODILY INJURY (Pe		s			
	Х	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY						1	PROPERTY DAMAG (Per accident)	É	\$		
		AUTOS ONLY									(1 or accident)		\$		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					CXS 9774848			05/10/2017	EACH OCCURRENC	-	S	1,000,000		
								05/10/2016		AGGREGATE	,	\$	1,000,000		
	DED RETENTION\$				1					AGOITEGAIL		\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								05/10/2016	05/10/2017	PER STATUTE X	OTH-	Φ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						CLP 9774839				E.L. EACH ACCIDEN		\$	1,000,000	
					N/A						E.L. DISEASE - EA E			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLI			1,000,000	
C				OC16005	03/07/2017	03/07/2018	Per Conveyand		<u> </u>	1,000,000					
														,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DESC	DIDT	TION OF OPERATION	ME / I	OCATIONS (VEHIC	LEC //	COBB	i 101, Additional Remarks Schedul	aab							
DEG	, INIT I	TION OF OFERATION	11011	LOCATIONS / VEHIC	LES (A	CORD	7 101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	8G)				
														1	
OFF		TOATE HOLDE		_ .				CANOCILATION							
UEF	KIII	ICATE HOLDE	=r<					CANCELLATION							
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
								ACCORDANCE WITH THE POLICY PROVISIONS.							
							Ţ	AUTHORIZED REPRESENTATIVE							
		1						Sikka adoms							