

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/07/2020

| 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). | | | | | | | | | | | |
| | | | | | | | | | | | |
| Brown Insurance Group | | | | | PHONE (210) 072 6060 FAX (210) 072 6055 | | | | | | |
| 9105-A Indianapolis Blvd | | | | | E-MAIL liz@brownins.grp.com | | | | | | |
| Suite 300 | | | | | | ADDRESS: 01 | | | | | |
| Highland IN 46322 | | | | IN 46322 | | 0 | | IDING COVERAGE | | NAIC # | |
| INSURED | | | | III IOOLL | INSURER A : Scottsdale ins Co INSURER B : Erie Insurance Exchange | | | | | 26271 | |
| Reliable Driveaway, Inc, DBA: and Reliable Way, Inc. | | | | | INSURER C : Continental Indemnity Company | | | | 20271 | | |
| 2940 Emerald Dr | | | | | INSURER D : | | | | | | |
| | | | | | | | | | | | |
| Hobart IN 46342 | | | | | | | | | | | |
| <u> </u> | COVERAGES CERTIFICATE NUMBER: 2019-2020 | | | | | riveAway 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 | | | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | (| | EACH OCCURRENCE | | 0,000 | |
| | | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100, | 000 | |
| | | | | | | | | MED EXP (Any one person) | \$ 5,00 | 0 | |
| А | | | | OPS0069072 | | 06/01/2019 | 06/01/2020 | PERSONAL & ADV INJURY | | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | | 0,000 | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | | 0,000 | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | | 0.000 | |
| | | | | | | | (Ea accident) | \$ 1,000,000 | | | |
| - | ANY AUTO | | | 000 0400707 | | 00/04/2040 | 00/04/0000 | BODILY INJURY (Per person) | \$ | | |
| В | | | | Q06-0430797 | 0 | 06/04/2019 | 06/04/2020 | BODILY INJURY (Per accident) PROPERTY DAMAGE |) \$ \$ | | |
| | | | | | | | | (Per accident) | | 00 | |
| | | | | | | | | Medical payments | \$ 10,0 | 00 | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | PER OTH- | \$ | | |
| | AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? | | | 46-855364-01-07 | | 06/04/2019 | 06/04/2020 | X PER OTH- STATUTE ER | 500 | 000 | |
| С | | | | | | | | E.L. EACH ACCIDENT | \$ 500, | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500, | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | _{\$} 500, | 000 | |
| A | Driveaway (non-owned) Auto Physical Damage | | | OPS0069072 | | 06/01/2019 | 06/01/2020 | Aggregate | \$250 |),000 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | |
| Insured Copy, Demonstration of Coverages 6130 Kennedy Avenue | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | | | | | | | |
| | Hammond | IN 46323 | all tyg ch | | | | | | | | |

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