DATE	(MM/DD/YYYY)
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CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A	ELY RANG	OR N	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A	XTEND O	RALTERT	HE COVERA	IGE AFFORDED BY IN	EPUL	LICIES
IMPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject this certificate does not confer rights to	s an	ADDI e terr	TIONAL INSURED, the p	policy, c	ertain poli	cies may red	AL INSURED provisions uire an endorsement.	or be	endorsed. ement on
	o the	cert	incate noider in hed or s	CONTACT	semends			-	
PRODUCER				NAME: PHONE (A/C, No Fxi): (A/C, No):					
AGENCY NAME (SAMPLE) AGENCY ADDRESS CITY, ST ZIP CODE				(A/C, No, Ext): (A/C, No):					
				ADDRESS:					
				INSURER(S) AFFORDING COVERAGE					NAIC#
				INSURERA: INSURANCE COMPANY (SAMPLE)					
INSUREO (CAMPLE)				INSURER B:					
				INSURER C:					
INSURED (SAMPLE)									1
INSURED'S ADDRESS				INSURER D:					
CITY, ST ZIP CODE				INSURER E:					
				INSURER F:					
COVERAGES CER	TIFIC	CATE	NUMBER: 00000000-2	29051				3	ACDIOD
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH	RTAI POLI	MEN N, TH CIES.	T, TERM OR CONDITION O E INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	BY THE PO BEEN RE	NTRACT OF	SCRIBED HER	EIN IS SUBJECT TO ALL T	THE TE	ICH INIO
LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER	1,6	M/DD/YYYY)	(MM/DD/YYYY)	LIMIT	1	
A X COMMERCIAL GENERAL LIABILITY	Y	Y	POLICY #	0	1/01/2017	01/01/2018	EACH OCCURRENCE DAMAGE TO RENTED	S	1,000,000
CLAIMS-MADE X OCCUR	1				THE .	AT	PREMISES (Ea occurrence)	5	50,000
1							MED EXP (Any one person)	s	5,000
1 1							PERSONAL & ADV INJURY	s	1,000,000
OCHIL ACCORDATE LINET ADDI ISS DED		i				Maria	GENERAL AGGREGATE	s	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER				The I			PRODUCTS - COMP/OP AGG	s	2,000,000
X POLICY PRO-				198	THE STATE OF THE S		PRODUCTS - COMPTON AGO	s	210001000
OTHER:	-	-				100	COMBINED SINGLE LIMIT	s	4 000 000
A AUTOMOBILE LIABILITY	Y	Y	POLICY #	0	1/01/2017	01/01/2018	(Ea accident)	-	1,000,000
X ANY AUTO			All Production of the Control of the				BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	S	
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY								\$	
UMBRELLA LIAB OCCUR	Ī						EACH OCCURRENCE	s	//////////////////////////////////////
							AGGREGATE	S	
EXCESS LIAB CLAIMS MADE		14					AOOREONIC	s	
DED RETENTIONS		9					PER OTH-	-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							And the state of t		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		The same of				E.L. EACH ACCIDENT	\$	-
OFFICER/MEMSER EXCLUDED? (Mandatory in NH)			TO AF				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	h.		TOUR				E.L. DISEASE - POLICY LIMIT	\$	
The second secon									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Fremont City Schools and its affilia included as Additional Insured on a insured and additional insured agai included.	tes,	Direc	ctors, Officers, Employ and Non-Contributor	yees, Sc y basis. '	hool PTO Naiver of	Members, Subrogation	and other such entition shall apply sepera	tely	re to each
CERTIFICATE HOLDER		30		CANCE	LATION		The same of the sa		
CERTIFICATE HOLDER	AND			- CANOL			**************************************		
Fremont City Schools 500 W. State St., Suite A				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fremont, OH 43420			AUTHORIZED REPRESENTATIVE						

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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). CONTACT NAME: PRODUCER PHONE (A/C, No. Ext); E-MAIL FAX (A/C, No): AGENCY NAME (SAMPLE) **AGENCY ADDRESS** ADDRESS CITY, ST ZIP CODE INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: INSURANCE COMPANY (SAMPLE) INSURED INSURER B INSURED (SAMPLE) INSURER C **INSURED'S ADDRESS** INSURER D CITY, ST ZIP CODE INSURER E: INSURER F : CERTIFICATE NUMBER: 00000000-33157 COVERAGES 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 ADDL SUBR INSR POLICY EFF MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY **POLICY #** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 A 01/01/2017 01/01/2018 CLAIMS-MADE X OCCUR **HOMEOWNERS** MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT POLICY PRODUCTS - COMP/OP AGG S OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY S ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY **BODILY INJURY (Per accident)** 5 PROPERTY DAMAGE (Per accident) 5 AUTOS ONLY UMBRELLALIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE S DED RETENTION S WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Fremont City Schools ACCORDANCE WITH THE POLICY PROVISIONS. 500 W. State St., Suite A Fremont, OH 43420 AUTHORIZED REPRESENTATIVE

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