

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).

	is certificate does not confer rights to				uch end	dorsement(s)		require an endorsement	. A St	atement on	
PRODUCER					CONTACT Crystal Gleason						
Hylant Group Inc 811 Madison Ave					PHONE (A/C, No, Ext): 419-724-1964 FAX (A/C, No): 419-255-7557						
Toledo OH 43604					E-MAIL ADDRESS:						
								RDING COVERAGE		NAIC#	
					INSURER A: Westchester Surplus Lines Insurance Company				/	10172	
All Active US Rotary Clubs & Districts					INSURER B:						
	, , , , , , , , , , , , , , , , , , , ,				INSURE	R C:					
Attn: Risk Management Dept.					INSURER D:						
1560 Sherman Avenue					INSURER E :						
Evanston, IL 60201-3698					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						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											
C	ERTIFICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT TO	O ALL T	THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INST ADDL SUBR						POLICY EFF POLICY EXP					
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER G73578917002		(MM/DD/YYYY) 7/1/2023	(MM/DD/YYYY) 7/1/2024	EACH OCCURRENCE \$2,000,000			
^		'		073370317002		11112023	11112024	DAMAGE TO RENTED			
	V CENTING WINDE							PREMISES (Ea occurrence)	\$ 500,0	00	
	Liquor Liability Included							MED EXP (Any one person)	\$ 2,000	000	
	OFANI, ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY	\$ 4.000	•	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	,	,	
								PRODUCTS - COMP/OP AGG	\$4,000	,000	
Α	OTHER: A AUTOMOBILE LIABILITY Y			G73578917002		7/1/2023	7/1/2024	COMBINED SINGLE LIMIT \$2,000,0		,000,	
	ANY AUTO							BODILY INJURY (Per person)	\$,	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR			Not applicable				EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Not applicable				PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE • Certificate Holder is included as an add								of the a	eneral	
	The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is cause in whole or in part by the acts or omissions of the insured.										
CERTIFICATE HOLDER CANCELLATION											
CERTIFICATE HOLDER					CANCELLATION						
					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					I	RIZED REPRESE				<u> </u>	
		Quelle K. Wilson									