

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/7/2024

**LBUND** 

**BURNTIT-01** 

IN If	EPRESENTATIVE OR PRODUCER, AI IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subject is certificate does not confer rights to	risa ctto	n AD the	DITIONAL INSURED, the po terms and conditions of th ificate holder in lieu of such	e policy, certain endorsement(s)	policies may ).			
PRODUCER Norman-Spencer Agency 10050 Innovation Drive; Suite 340 Miamisburg, OH 45342					CONTACT Laura Bund PHONE (A/C, No, Ext): E-MAIL ADDRESS: Laurabund@norman-spencer.com				
wia	hisburg, On 45542				INS	SURER(S) AFFO	RDING COVERAGE	d	NAIC #
INSU	RED			IN	INSURER B : Coalition Insurance Company				29530
Burnet Title of Indiana LLC					INSURER C :				
	833 West Lincoln Highway,	Suite	380	E IN	INSURER D :				
	Schererville, IN 46375			IN	INSURER E :				
				IN	ISURER F :				
CO	VERAGES CER	TIFIC	CATE	ENUMBER:			REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE BE	OF ANY CONTRA D BY THE POLIC EEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
Α	COMMERCIAL GENERAL LIABILITY           X         CLAIMS-MADE         OCCUR			L3D-H895981-02	3/14/2024	3/14/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
	χ Errors & Omissions						MED EXP (Any one person)	\$	
	χ Retro 3/14/2012						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG Deductible	\$\$	5,000
							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below				0/05/0004	0/05/0005		\$	4 000 000
_	Cyber Liability			C-4MA1-258340-CYBER-20	24 2/25/2024	2/25/2025	Limits Per Schedule		1,000,000
В									

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

© 1988-2015 ACORD CORPORATION. All rights reserved.