

## CERTIFICATE OF LIABILITY INSURANCE

DMCDONALD

DATE (MM/DD/YYYY)

SIMSINC-01

							02	4/25/2023	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED BY	THE POLICIES	
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjet this certificate does not confer rights	ct to	the	terms and conditions of	the pol	icy, certain	policies may			
	o the	Certi	incate noider in neu or st						
PRODUCER Cincinnati/ AssuredPartners NL 5905 E. Galbraith Rd., Suite 5000				CONTACT Debbie McDonald NAME: PHONE (E42) 475 2222 FAX (E42) 222 0725					
				E-MAIL	PHONE (A/C, No, Ext): FAX (513) FAX (A/C, No):   E-MAIL ADDRESS: debbie.mcdonald@assuredpartners.com				
Cincinnati, OH 45236									
					INSURER(S) AFFORDING COVERAGE				
								24120 23035	
INSURED Sims-Lohman Inc. 6325 Este Avenue Cincinnati, OH 45232					INSURER B: Liberty Mutual Fire Insurance Co				
					INSURER C : INSURER D :				
					INSURER E :				
COVERAGES CEF	TIFI	CATE	E NUMBER:	INCOME	NT .		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI				HAVE B	EN ISSUED 1				
INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			TRA 204338R		4/1/2023	4/1/2024	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 500,000	
							MED EXP (Any one person) \$	10,000	
							PERSONAL & ADV INJURY \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
OTHER:							OH STOP GAP	1,000,000	
							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
X ANY AUTO			TRA 204338R		4/1/2023	4/1/2024	BODILY INJURY (Per person) \$		
OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
							\$		
A X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	5,000,000	
EXCESS LIAB CLAIMS-MADE	_		TRA 204338R		4/1/2023	4/1/2024	AGGREGATE \$	5,000,000	
DED X RETENTION \$	)						\$		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER	4 000 000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC2-Z91-473841-013	1/1/2023	1/1/2024	E.L. EACH ACCIDENT \$	1,000,000		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
DÉSCRIPTION OF OPERATIONS below	-		TD A 0040000		4/4/0000	4/4/0004	E.L. DISEASE - POLICY LIMIT \$	1,000,000	
A Leased/Rented Equip			TRA 204338R		4/1/2023	4/1/2024	Per Item	130,000	
A Installation Coverag			TRA 204338R		4/1/2023	4/1/2024	Any One Jobsite	100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC THE FOLLOWING POLICY PROVISIONS AF Additional Insured: General Liability: CG 2010 Ongoing Operat Assignee or Receiver Automobile: CA7077 Umbrella follows the underlying forms SEE ATTACHED ACORD 101								Mortgagee	
					CANCELLATION				
FOR INFORMATIONAL PURPOSES ONLY Certificate holder status must be obtained				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	from agent-AssuredPartners				AUTHORIZED REPRESENTATIVE				
					Tall A Smills CACU, CIC				
ACORD 25 (2016/03)				© 1988-2015 ACORD CORPORATION. All rights reserved.					

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AGENCY CUSTOMER	ID: SIMSINC-01
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AGENCY		NAMED INSURED			
Cincinnati/ AssuredPartners NL		Sims-Lohman Inc. 6325 Este Avenue			
POLICY NUMBER		Cincinnati, OH 45232			
EE PAGE 1					
CARRIER	NAIC CODE				
EE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDU	JLE TO ACORD FORM,				
FORM NUMBER: ACORD 25 FORM TITLE: Certifi	cate of Liability Insurance				
Equipment, Mortgagee Assignee or Receiver Automobile: CA0449 Umbrella: CU7034 Waiver of Subrogation: General Liability: CG2404A Ongoing Operatio Equipment, Mortgagee Assignee or Receiver Automobile: CA0444 (Blanket) Umbrella: follows the underlying forms Workers Compensatiion: WC 00 03 13, where WORKERS COMPENSATION: Item 3A of pol Amend Definition of Occurrence: IL7089 Definition of occurrence is amended to inclu	ons & Completed Ope ons & Completed Ope e allowable by law licy includes the state de damage to "your y	rations; CG7118 Lessors of premises, Lessors of Leased erations; CG7118 Lessors of premises, Lessors of Leased s of AL, CA, IL, IN, KY, PA, TN, WI <i>r</i> ork", if the damaged work or the work out of which the damage property damage" to "your work" is included in the			