

PROBERTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2016

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.

lf tl	SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the policy, certa uch endorsemer	ain It(s)	policies may).	require an endorsemen	t. A	statement on	
	DDUCER	CONTACT Patsy Roberts									
C. Edward Lovins Ins Agency Inc.					PHONE (A/C, No, Ext): (513) 831-7900 221 FAX (A/C, No):						
	Water Street ord, OH 45150				E-MAIL ADDRESS: proberts@lovins-ins.com						
	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			INSURER(S) AFFORDING COVERAGE					NAIC #		
				INSURER A: Westfield Insurance Company					24112		
INSURED Mills Fence Company Inc.					INSURER B:						
					INSURER C :						
Ken Mills					INSURER D :						
	6315 Wiehe Road Cincinnati, OH 45237				INSURER E :						
	5oa.i, 511 10201				INSURER F:						
COVERAGES CERTI				NUMBER:	REVISION NUMBER:						
					HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO						
11	NDICATED. NOTWITHSTANDING ANY F	EQUI	REMI	ENT, TERM OR CONDITIO	N OF ANY CON	ΓRΑ	CT OR OTHER	R DOCUMENT WITH RESPE	CT T	O WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O AL	L THE TERMS,	
NSR LTR			SUBR				POLICY EXP (MM/DD/YYYY)		•		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER	(MM/DD/YY	YY)	(MM/DD/YYYY)			1,000,000	
-	CLAIMS-MADE X OCCUR			CMM3957743	01/01/20	117	01/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	500,000	
	χ CG7087/CG2404			01411410307740	01/01/20	01/01/2017	01/01/2010		•	5,000	
	χ CG2033/CG2503							MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG Employee Ben.	\$	1,000,000	
A	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO			CMM3957743	01/01/20	01/01/2017	01/01/2018	(Ea accident)	\$ \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS			Ommosor 7 40	01/01/20	• • •	01/01/2010	BODILY INJURY (Per person)	\$ \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	X \$500/comp ded X \$1000/coll ded							(Per accident) Hired car phy	\$	50,000	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCUPPENCE	\$ \$	10,000,000	
	EXCESS LIAB CLAIMS-MADE		CMM3957743		01/01/20	01/01/2017	01/01/2018	EACH OCCURRENCE	\$	10,000,000	
	DED X RETENTION\$							AGGREGATE	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER X OTH-	Φ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WCP7676875		07/11/20	07/11/2016	07/11/2017	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	Ψ	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
Α	Rented/leased equip			CMM3957743	01/01/20	17	01/01/2018		Φ	90,000	
Α	Ohio Stop Gap			CMM3957743	01/01/20	17	01/01/2018	Limit		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LEC /	A C O D I	101 Additional Romarka Sahadı	ulo may be attached i	· ma	ro opene in requi	rod\			
DLS	CRIFTION OF OPERATIONS / LOCATIONS / VEHIC	LLS (/	4COKE	7 101, Additional Remarks Schedu	ne, may be attached i	11101	re space is requi	ieu)			
^E	DTIEICATE HOLDER	CANCELLATION									
UE	RTIFICATE HOLDER			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	For proof of insurance										
	and proper or meanance				ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						