

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2015

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 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 Carissa Craig Brower Insurance PHONE (A/C. No. Ext): 513.338.5767 FAX (A/C, No): 513.338.5799 a Marsh & McLennan Agency LLC Company E-MAIL ADDRESS: ccraig@browerinsurance.com 6279 Tri-Ridge Blvd. Ste. 400 Loveland OH 45140 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Westfield Group 24112

INSURED ALSMI1C										INSURER B : Allianz Insurance Company					
A.L. Smith Trucking, Inc.; A & D Leasing;										INSURER C: Westfield Insurance Company					
A. L. Smith Truck Sales; Jimeva LTD 8984 Murphy Road									INSURER D :						
ogo4 murphy Road Versailles OH 45380									INSURER E:						
										INSURER F:					
COVERAGES CERTIFICATE NUMBER: 1413436415															
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														WHICH THIS	
INSR LTR TYPE OF INSURANCE							ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Ç	x	COMMERCIAL GENERAL LIABILITY				INSU		CSP1155994			4/1/2016			000	
	CLAIMS-MADE X OCCUR					İ					" "	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000		
	OLYMPIA A COOK				<u> </u>						-		T		
												MED EXP (Any one person)	\$5,000		
	05/11/10/05/04/11/11/11/11/11/11/11/11/11/11/11/11/11										i	PERSONAL & ADV INJURY	\$2,000		
GEN'L AGGREGATE LIMIT APPLIES PER:												GENERAL AGGREGATE	\$2,000		
			OLICY PRO- X LOC									PRODUCTS - COMP/OP AGG	\$2,000	,000	
Α	OTHER: AUTOMOBILE LIABILITY CSP1155994							CSP1155994		4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000	,000	
	X ANY AUTO				•				BODILY INJURY (Per person)	\$					
		ALL OW AUTOS	ALLOWNED SCHEDULED AUTOS									BODILY INJURY (Per accident)	dent) \$		
	X	HIRED /	AUTOS	Х	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
													\$		
		UMBRELLA LIAB OCCUR			OCCUR							EACH OCCURRENCE	\$		
		EXCESS	SLIAB		CLAIMS-MADE						Ì	AGGREGATE	s		
		DED	RETE	NTIO							l t	THOUSE OF THE STATE OF THE STAT	\$		
		KERS C	OMPENSA	TION								PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU				EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?			N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under						E.L. DISEASE - POLICY LIMIT			s					
В	DÉSCRIPTION OF OPERATIONS below Cargo MZ193057356							MZI93057356		/1/2015	4/1/2016	Limit \$250,000 Dedt \$5		000	
	Cari	40						INIX.180007 000		4/1/2015	4/1/2016	LIMI \$250,000	Dear \$5	,000	
										ļ					
DES	RIPT	ION OF C	PERATIO	MS/I	OCATIONS / VEHIC	ES /4	CORD	101, Additional Remarks Schedul	la may h	a afteched if mos	ro enaco le roculr	od)			
			lown Inc			LEO (2	CORD	101, Additional Remarks Schedus	ie, may i	e attached il illoi	re space is require	eu;			
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								W* Add 2 - American Co.				The Association			
CE	₹TIF	ICATE	HOLDE	ER					CANCELLATION						
For information Purposes only										SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		•							AUTHORIZED REPRESENTATIVE						

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