

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03-23-2021

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).

Rathweg Insurance Associates, Inc.						CONTACT NAME: Rachel Sutton						
		2212 S Patterson Blvd	ooiates, iiio.							No): (937)2	293-0440	
Kettering, OH 45409							E-MAIL ADDRESS: rachels@rathweginsurance.com					
License #: 1749							INSURER(S) AFFORDING COVERAGE NAIC #					
LICEIISE #: 1/49							INSURER A: West Bend Mutual Ins Co				15350	
INSURED					INSURER B:							
		3 III LLC					INSURER C:					
		249 Bellbrook Ave					INSURER D:					
Xenia, OH 45385-3635						INSURER E :						
·						INSURER F:						
COVERAGES CER				TIFICATE NUMBER: 00007039-0								
Т	HIS IS	TO CERTIFY THAT THE POLICIES C	F 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												
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A		COMMERCIAL GENERAL LIABILITY	INSD	WVD	A241249		02/28/2021	02/28/2022	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			A241240		02/20/2021	02/20/2022	DAMAGE TO RENTED PREMISES (Ea occurrence		300,000	
		CENTING INTIBE							MED EXP (Any one person	,	10,000	
	<u> </u>								PERSONAL & ADV INJUR		1,000,000	
	GENII	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A		2,000,000	
		OTHER:							FRODUCTS - COMF/OF A	\$	2,000,000	
Α	+	MOBILE LIABILITY			A241249		02/28/2021	02/28/2022	COMBINED SINGLE LIMIT		1,000,000	
A	<u> </u>	ANY AUTO			A241249		02/20/2021	02/20/2022	(Ea accident) BODILY INJURY (Per person		1,000,000	
	Н,	OWNED							BODILY INJURY (Per accid			
		AUTOS ONLY AUTOS ONLY X SCHEDULED AUTOS AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$		
	X	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
_	X	JMBRELLA LIAB X OCCUR			A241249		00/00/0004	00/00/0000	5.0.1.0.0.1.D.5.1.0.5		5,000,000	
Α		TYOTOO LIAD			A241249		02/28/2021	02/28/2022	EACH OCCURRENCE	\$	5,000,000	
		CLAIIVIS-IVIADE							AGGREGATE	\$	3,000,000	
_		DED RETENTION \$ ERS COMPENSATION			A 2 4 4 2 4 0		00/00/0004	00/00/0000	PER X OT STATUTE	* TH-		
Α	AND E	MPLOYERS' LIABILITY Y / N			A241249		02/28/2021	02/28/2022			1,000,000	
	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	If yes,	atory in NH) describe under RIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO		1,000,000	
	DESC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$	1,000,000	
DEC	CDIDTY	ON OF OPERATIONS / LOCATIONS / VEHICL	ES //	COPP	101 Additional Pamarka Schadu	la may b	a attached if mar	a snaca ie roguis	ad)			
										d		
Certificate holder is an additional insured for ongoing operations and for completed operations on a primary and non-contributory basis per form WB1482 07 17 if required by written contract with named insured. Wavier of subrogation is												
included in favor of certificate holder in regards to the General Liability and Auto Liability policies per forms CG 0509 1219 &												
CA 0444 10 13 if required by written contract.												
CERTIFICATE HOLDER							CANCELLATION					
						CHOILI D ANY OF THE ADOVE DESCRIBED BOLLOISO DE CAMOSEL ES SESSA						
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Sample									Y PROVISIONS.			

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