| Client#: 132770 INSPGR | | | | | | | | | | RO | | | |
|--|--|--|----------------------|--|-------------|----------------|--|---------------------------|----------------------------|---|------------------|--------------------------------|--|
| ACORD. CERTIFICATE OF LIAI | | | | | | | | ILITY INSURANCE | | | | DATE (MM/DD/YYYY) 1/03/2022 | |
| C B | 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 any rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | | | |
| PRC | DUCE | R | | | | | CONTAC NAME: | | | | | | |
| Huntington Insurance, Inc. | | | | | | | PHONE (A/C, No, Ext): 614-899-8230 FAX (A/C, No): | | | | | | |
| 37 Broad Street | | | | | | | E-MAIL ADDRESS: erin.kraft@huntington.com | | | | | | |
| Columbus, OH 43215 888 576-7900 | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| | | 0-1000 | | | | | INSURER A : Motorists Mutual Insurance Company | | | | | 14621 | |
| INSURED The Inspection Group, Inc. | | | | | | | INSURER B : | | | | | | |
| 124 County Line d W. Suite B | | | | | | | INSURER C : INSURER D : | | | | | | |
| Westerville, OH 43082 | | | | | | | INSURER E : | | | | | | |
| | | | | | | | | INSURER F : | | | | | |
| COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: | | | | | | | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF 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. | | | | | | | | | | | | | |
| INSF LTR | 2 | TYPE OF | INSURANCE | | SUBR WVD | POLICY NUMBER | (| POLICY EFF MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | | |
| A | X | COMMERCIAL GE | DE X OCCUR | | | 5000077146 | 0 | 1/01/2022 | 01/01/2023 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$2,00 \$100, | 0,000 000 | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DILCY LOC OTHER: AUTOMOBILE LIABILITY | | | | | | | 01/01/2023 | MED EXP (Any one person) | \$5,000 | | |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$2,000,000 | | |
| | GEI | | | | | | | 01/01/2022 | | GENERAL AGGREGATE | \$4,000,000 | | |
| | | | | | | | | | | PRODUCTS - COMP/OP AGG | \$4,000,000 | | |
| | | | | | | | | | | | \$ | | |
| Α | AU' | | | | | 5000077146 | 0 | | | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | | |
| | | ANY AUTO OWNED | SCHEDULED | | | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ \$ | | |
| | x | AUTOS ONLY HIRED AUTOS ONLY | AUTOS V NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | | AUTOS UNLY | AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| Α | X | UMBRELLA LIAB | X OCCUR | | | 5000077188 | 0 | 1/01/2022 | 01/01/2023 | EACH OCCURRENCE | \$1.00 | 0,000 | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | Ē | | | AGGREGATE | | 0,000 | |
| | | DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | 5000077146 | 01 | 01/01/2022 | 01/01/2023 | | \$ | | |
| Α | | | | | | | | | | PER OTH- STATUTE ER | | | |
| | ANY OFF | | | | | Employers Liab | | | | E.L. EACH ACCIDENT | | 0,000 | |
| | Ìf ye | ndatory in NH) s, describe under | | | | | | | | E.L. DISEASE - EA EMPLOYEE | | , | |
| | DÉS | CRIPTION OF OPE | RATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,00 | 0,000 | |
| | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | 0 ATE 1101 | | | | | <u></u> | | | | | | |
| CERTIFICATE HOLDER C | | | | | | | | CANCELLATION | | | | | |
| Proof 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. | | | | | | |

AUTHORIZED REPRESENTATIVE

Stell Weller

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