



CERTIFICATE OF LIABILITY INSURANCE

TAYLO-1

OP ID: JK

DATE (MM/DD/YYYY)

04/26/2017

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).

PRODUCER The Roehr Agency 4642 Ridge Ave. Cincinnati, OH 45209 Alvin F. Roehr, Jr.	CONTACT NAME: Linda Perry PHONE (A/C, No, Ext): 513-985-0353 E-MAIL ADDRESS: lperry@roehrins.com		FAX (A/C, No): 513-985-0359
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Taylor Distributing Company Taylor Warehouse Corp. Taylor Logistics, Inc. RBD Holdings, Ltd. Rex Taylor 2875 E Sharon Rd Cincinnati, OH 45241	INSURER A: Cincinnati Insurance Company		10677
	INSURER B: Travelers Property & Casualty		25674
	INSURER C: Federal Insurance Company		20281
	INSURER D: Rockhill Insurance Co.		
	INSURER E: Hallmark Insurance Company		19530
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EPP0219722	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$5000 ded <input type="checkbox"/> Comp & Coll			EBA0219722	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ HiredPhys Dam. \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0219722 ** SEE PAGE 2	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EPP0219722	12/01/2016	12/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Motor Truck Cargo*			QT 660 2H541476	05/01/2017	05/01/2018	250,000
B	Warehouse Legal			LIABILITY QT 660 2H541476	05/01/2017	05/01/2018	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Co.Code: C -Theft by Employee -Pol. #6800-7532 5-1-2017/2018 \$500,000 Limit.
 *Includes Reefer coverage with \$5,000 deductible on Motor Truck Cargo and Contingent Cargo Coverage. \$75,000 Trailer Interchange under #EPP0219722.

CERTIFICATE HOLDER**CANCELLATION**

TAYLORD Taylor Distributing Company 2875 Sharon Road Cincinnati, OH 45241	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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NOTEPADINSURED'S NAME **Taylor Distributing Company****TAYLO-1
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*Includes Reefer coverage with \$5,000 deductible on Motor Truck Cargo and Contingent Cargo Coverage.

EXCESS LAYERS OF LIABILITY:

\$5,000,000 excess of Primary \$5,000,000:
Hallmark Insurance Company (NAIC: 19503) - Policy #66HX163C68 Effective 12-1-16/17

Trailer Interchange for \$75,000 Limit. Policy #EBA0219722 Effective 12-1-16/17 (Cincinnati Insurance Company) Certificate holder is listed as additional insured.

TRANSPORTATION POLLUTION LIABILITY:

Rockhill Insurance Company (NAIC: 28053) - Policy #ENVP01253701 Effective 2-19-17/18 \$2,000,000 Each Occurrence/\$2,000,000 Aggregate



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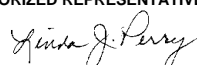
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CERTIFICATE HOLDER**CANCELLATION**

TAYLORD Taylor Logistics 2875 E. Sharon Road Cincinnati, OH 45241-1976	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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