



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/03/2018

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).

<b>PRODUCER</b> The Roehr Agency 4642 Ridge Ave. Cincinnati, OH 45209 Alvin F. Roehr, Jr.		<b>513-985-0353</b>	<b>CONTACT NAME:</b> Lisa Gonzales <b>PHONE (A/C, No, Ext):</b> 513-985-0353 <b>FAX (A/C, No):</b> 513-985-0359 <b>E-MAIL ADDRESS:</b> lgonzales@roehrrins.com
<b>INSURED</b> Taylor Distributing Company Taylor Warehouse Corp Taylor Logistics, Inc. Rex Taylor 9756 International Blvd Cincinnati, OH 45246		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance Company <b>INSURER B:</b> Travelers Property & Casualty <b>INSURER C:</b> Federal Insurance Company <b>INSURER D:</b> Rockhill Insurance Co. <b>INSURER E:</b> Hallmark Insurance Company <b>INSURER F:</b>	<b>NAIC #</b> 10677 25674 20281 19530

### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0219722	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$5000 ded <input checked="" type="checkbox"/> Comp & Col			EBA0219722	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phys Dama \$ 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	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			EPP0219722	12/01/2018	12/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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			QT6602H541476	05/01/2018	05/01/2019	250,000
B	Warehouse Legal			QT6602H541476 LIABILITY	05/01/2018	05/01/2019	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Co.Code: C -Theft by Employee -Pol. #6800-7532 5-1-2018/2019 \$500,000 Limit.  
\$75,000 Trailer Interchange coverage #EPP0219722.

<b>CERTIFICATE HOLDER</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SPECIMEN ONLY</b> </div>	<b>CANCELLATION</b>  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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Co. Code:C- Theft by Employee- Pol #6800-7532-5-1-2018/2019 \$500,000  
limit. \$75,000 Trailer interchange coverage # EWPP0219722

**CONTINGENT CARGO COVERAGE\*:**

Insurer B-Travelers Property & Casualty(NAIC: 25674) Policy #QT6602H541476  
\$250,000 limit Any One Vehicle; Effective 5-1-2018/19

\*Includes Reefer coverage with \$5,000 deductible on Motor Truck Cargo and  
Contingent Cargo Coverage.

**EXCESS LAYERS OF LIABILITY:**

Insurer E-Hallmark Insurance Company(NAIC: 19503) Policy #66HX174673

\$5,000,000 excess of Primary \$5,000,000 limit; Effective 12-1-18/19

Trailer Interchange for \$75,000 Limit.Policy #EBA0219722 Effective 12-1-  
18/19 (Cincinnati Insurance Company)

**TRANSPORTATION POLLUTION LIABILITY:**

Rockhill Insurance Company (NAIC: 28053) -Policy #ENVP01253703 Effective  
2-19-18/19 \$2,000,000 Each Occurrence/\$2,000,000 Aggregate