



CERTIFICATE OF LIABILITY INSURANCE

JSCHLICHTING

DATE (MM/DD/YYYY) 1/5/2022

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 liquid such and recomment(s).

tr	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRODUCER Schauer Group, Inc. 200 Market Ave. N						CONTACT Jennifer Schlichting PHONE (A/C, No, Ext): FAX (A/C, No):					
Canton, OH 44702						INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURE	RA: Selectiv	ve Insuranc	ce Company of Americ	ca	12572	
INSURED						INSURER B: Liberty Mutual Insurance Co.				23043	
Great Day Improvements, LLC 700 E Highland Rd Macedonia, OH 44056 COVERAGES CERTIFICATE NUMBER:						INSURER C:					
						R D :					
						RE:					
						RF:					
						REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICI				HΔV/F R	EEN ISSUED	TO THE INSU		HE PC	OLICY PERIOD	
	IDICATED. NOTWITHSTANDING ANY F										
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,	
INSR			SUBR		DEEN	POLICY EFF	POLICY EXP				
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
^				0.0400040		4/4/0000	4/4/0000	EACH OCCURRENCE DAMAGE TO RENTED	\$	500,000	
	CLAIMS-MADE X OCCUR			S 2428046		1/1/2022	1/1/2023	PREMISES (Ea occurrence)	\$	15,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMPINED CINICIE LIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			S 2428046	2428046		1/1/2023	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					1/1/2022	1/1/2023	X PER OTH- STATUTE ER	•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC7-Z51-292550-012				E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	•	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	BESONII HON OF CHENATIONS BEIOW							E.E. DIOLAGE - I GLIGIT LIWIT	Ψ		
DEC	CDIDTION OF OREDATIONS / LOCATIONS / VEHIC	LEC /	ACOBI	101 Additional Romarka Sahadu	ıla mayıb	a attached if mor		rod)			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC kers Comp Covered States: AL AZ CO (CTF	L GA	IA IL IN KS KY MA MD MI N	MN MO	NC NE NJ NV	NY OK OR F	PA SC TN TX UT VA WI an	d OH	& WA	
Emp	loyers Liability										
CERTIFICATE HOLDER						CANCELLATION					
For Informational 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.					
c/o Great Day Improvements, LLC 700 E Highland Rd											
	Macedonia. OH 44056		AUTHORIZED REPRESENTATIVE								