



## **CERTIFICATE OF LIABILITY INSURANCE**

**JSCHLICHTING** 

DATE (MM/DD/YYYY) 1/13/2022

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.

		BROGATION IS WAIVED, subjectificate does not confer rights t				ich end	dorsement(s)		•	t. As	tatement on	
PROD	UCE	R				CONTACT Jennifer Schlichting						
Schauer Group, Inc. 200 Market Ave. N							PHONE					
Suite 100 Canton, OH 44702						E-MAIL ADDRESS: jennifer.schlichting@schauergroup.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A: Liberty Mutual Insurance Co.				23043	
INSU	INSURED						INSURER B : Cincinnati Insurance Companies				10677	
		Champion OPCO, LLC					INSURER C : Sentry Insurance					
		Champion Window Compar 4018 Patriot Dr Suite 120	ıy ot	Raiei	gn/Durnam, LLC	INSURER D :						
		Durham, NC 27703					INSURER E :					
						INSURER F:						
CO	COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE	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.											
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Χ	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			TB2-Z91-461753-030		12/1/2021	12/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
- 1		V PRO-	1	1							2 000 000	

Α	X COMMERCIAL GENERAL LIABILITY			Ţ,	,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		TB2-Z91-461753-030	12/1/2021	12/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		AS2-Z91-461753-010	12/1/2021	12/1/2022	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)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE	EXS 0464308	12/1/2021	12/1/2022	AGGREGATE	\$ 10,000,000	
	DED X RETENTION\$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR PARTNER/EXECUTIVE	N/A	90-16232-01	12/1/2021	12/1/2022	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compesensation Covered States: AL CA CO FL GA ID IL IN IA KS KY MD MA MI MN MS MO NE NV NJ NM NY NC OK OR PA RI SC SD TN TX UT WI VA and OH & WA Employers 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.				
	AUTHORIZED REPRESENTATIVE				
	NO				

ACORD 25 (2016/03)