SCHUM-1

OP ID: TN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYY) 12/14/2023

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.

	REPRESENTATIVE OR PRODUCER,	AND TH	E CERTIFICATE HOLDER.	UTE A CONTRACT	BETWEEN	THE ISSUING INSU	IRER(S),	AUTHORIZED
	IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	et to the	terms and conditions of	the policy, certain	policies may	NAL INSURED prov require an endorse	isions or ment. A	be endorsed. statement on
this certificate does not confer rights to the certificate holder in lieu of PRODUCER 330-966-5170 Maconachy-Stradley Insurance 3205 Bretton St. NW Suite 100				PHONE (AC, No, Ext): 330-966-5170 FAX (AIC No): 330-				-966-1075
	orth Canton, OH 44720 Obert D. Stradley			Enthers: ts@macstrad.com				
						RDING COVERAGE		NAIC# 10677
INSURED Schumacher Homes of North Carolina Inc. 2715 Wise Ave NW Canton, OH 44708				INSURER A : Cincinnati Insurance Co				100//
				INSURER C:				
				INSURER D:				
- u				INSURER E :				
				INSURER F:				
			ATE NUMBER:			REVISION NUMBE		
C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICI	MENT, TERM OR CONDITION N. THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF ANY CONTRAC DED BY THE POLICI E BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RE	SPECT TO	O WHICH THIS
LTR A	TIPE OF INSURANCE	ADDL BU		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		EPP0560351	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$ e) \$	1,000,000 500,000
						MED EXP (Any one person	n) \$	1,000
						PERSONAL & ADV INJUR	ry ş	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: LOC					GENERAL AGGREGATE	S	2,000,000 2,000,000
	OTHER:					PRODUCTS - COMP/OP A		2,000,000
A	AUTOMOBILE LIABILITY				01/01/2025	COMBINED SINGLE LIMIT	\$	500,000
	X ANY AUTO		EPP0560351	01/01/2024		(Ea accident) BODILY INJURY (Per pers	on) \$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accid		
	AUTES ONLY AUTES WEE					PROPERTY DAMAGE (Per accident)	\$	
A	X UMBRELLA LIAB OCCUR				01/01/2025	EACH OCCURRENCE	s	5,000,000
	EXCESS LIAB CLAIMS-MADE		EPP0560351	01/01/2024		AGGREGATE	5	5,000,000
	DED RETENTIONS						S	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		01/01/2024	01/01/2025	X PER OT STATUTE ER	H-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		EWC0464872-01			E.L. EACH ACCIDENT	5	1,000,000
						E.L. DISEASE - EA EMPLO	YEE \$	1,000,000
_	DÉSCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LI	MIT S	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Sched	ule, may be attached if mo	re space la requin	ed)		
DE\$4	If yes, describe under	LES (ACO	RD 101, Additional Remarks Sched	uie, may be attached if mor	re space la requir	E.L. DISEASE - POLICY LI		
CEF	RTIFICATE HOLDER			CANCELLATION				
	****INFORMATION ONLY*	####	INFOONL	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 Robert D. Stradley				

ACORD 25 (2016/03)

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