

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**NBENDA** 

**DIRTDUC-01** 

									/۲	4/2020	
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).											
	v	ificate holder in lieu of su									
PRODUCER Robertson Ryan - Milwaukee					CONTACT Nicole Benda NAME: PHONE (444) 202 4207 207 FAX (444) 274 0400						
330 East Kilbourn Avenue, Suite 650					PHONE (A/C, No, Ext): (414) 283-4207 207 FAX (A/C, No): (414) 271-0196 E-MAIL ADDRESS: nbenda@robertsonryan.com						
Milwaukee, WI 53202											
						INSURER(S) AFFORDING COVERAGE					
INSURED					INSURER A: Otal Outplus Lines insurance company						
Dirty Ducts Cleaning & Environmental Inc					INSURER B: STARR INDEMINITY & LIABILITY COMPANIE						
	P. O. Box 46068				INSURER D :						
	Madison, WI 53744-8068				INSURER E :						
					INSURER F :						
CO	VERAGES CER	TIFI	CATE	E 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	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY				`			EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			1000066657201		7/1/2020	7/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								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- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	1 000 000	
В								(Ea accident)	\$	1,000,000	
				1000199050201		7/1/2020	7/1/2021	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS   X HIRED HIREDS ONLY X   X HIREDS ONLY X							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
Α	UMBRELLA LIAB X OCCUR					7/1/2020	7/1/2021		\$\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			1000337129201				EACH OCCURRENCE AGGREGATE	\$\$		
	DED RETENTION \$	1						Aggregate	<u>э</u> \$	5,000,000	
С	WORKERS COMPENSATION							X PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			6H2110221		7/1/2020	7/1/2021	E.L. EACH ACCIDENT	\$	100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000	
Α	Pollution/Environmen			1000066657201		7/1/2020	7/1/2021	Each/Aggregate		10,000,000	
L											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION										]	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Dirty Ducts Cleaning & Environmental Inc. P. O. Box 46068					ACCO	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Madison, WI 53744-8068					AUTHORIZED REPRESENTATIVE					
					140						

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