

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/25/2024

| 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). | | | | | | | | | | |
| PRODUCER | | | | | NAME: Client Services | | | | | |
| Evarts Tremaine | | | | | PHONE (A/C, No, Ext): (216) 621-7183 FAX (A/C, No): (216) 621-4755 E-MAIL E-MAIL col@evartstremaine.com col@evartstremaine.com col@evartstremaine.com | | | | | |
| 1111 Superior Ave. | | | | | ADDRESS: coi@evartstremaine.com | | | | | |
| Suite 420 | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| Cleveland OH 44114 | | | | | INSURER A: R-T Specialty, LLC | | | | | |
| INSURED | | | | | INSURER B : Grand River Agency LLC | | | | | |
| McNulty Construction LLC, DBA: McNulty Construction LLC | | | | | INSURER C : | | | | | |
| 832 Ford Road | | | | | INSURER D : | | | | | |
| | | | | | INSURER E : | | | | | |
| Highland Hts OH 44143 | | | | | INSURER F : | | | | | |
| COVERAGES CER | 6 | 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 SU | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | | | | | | | EACH OCCURRENCE | \$ 1,00 | 0,000 | |
| CLAIMS-MADE 🗙 OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | _{\$} 50,0 | 00 | |
| | | | | | | | MED EXP (Any one person) | _{\$} 1,00 | 0 | |
| A | Y | (| 00153275-0 | | 03/19/2024 | 03/19/2025 | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,00 | 0,000 | |
| POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | _{\$} 2,00 | 0,000 | |
| OTHER: | | | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| B OWNED AUTOS ONLY SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| HIRED NON-OWNED AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ | | | | | | | | \$ | | |
| WORKERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | | | |
| AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI | S (ACO | RD 101 | 1, Additional Remarks Schedule, | may be at | tached if more s | bace is required) | | | | |
| If required by permit, Certificate Holder is an ad | ditional i | insure | ed as respects to operations | of the li | nsured perform | ed under pern | nit issued by the city. | | | |
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| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| | | | | | | | | | | |
| City of Lyndhurst 5301 Mayfield Rd | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| - | | | | AUTHO | RIZED REPRESE | ITATIVE | | | | |
| Cleveland OH 44124 | | | | | | | | | | |

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