

DHACKBARTH

PREEMER-01

Ą	$CORD^{\circ}$ (CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 11/09/2017	
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.										
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ect to	the	terms and conditions of the	he policy, certain	policies may				
PRO	DUCER				CONTACT NAME:	,				
	hards Insurance of Beaver Dam, LLC				PHONE (A/C, No, Ext): (920) 887-1615 FAX (A/C, No): (920) 887-2851					
PO Box 277 123 North Spring Street					E-MAIL ADDRESS:					
	ver Dam, WI 53916					SURER(S) AFFO	RDING COVERAGE		NAIC #	
					INSURER A : Frankenmuth Insurance				13986	
INSU	IRED				INSURER B Philadelphia Insurance Companies					
	Pre-Emergency Planning, L	INSURER C :								
PO Box 75					INSURER D :					
	Lodi, WI 53555-0075				INSURER E :					
					INSURER F :					
CO	VERAGES CEF	TIFI	САТ	E NUMBER:			REVISION NUMBER:		-	
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU ′ PER	IREM	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
A	X COMMERCIAL GENERAL LIABILITY				(11112)22/1111		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	x		CPP 6038603	10/02/2017	10/02/2018	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	
							PRODUCTS - COMP/OP AGG		2,000,000	
	OTHER:							\$		
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
				BA 6038603	10/02/2017	10/02/2018	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		<u> </u>						\$		
A	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE	:		CPP 6038603	10/02/2017	10/02/2018	AGGREGATE	\$	1,000,000	
	DED RETENTION \$	<u> </u>						\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			NO 005 (007	40/04/0047	40/04/0040	X PER OTH- STATUTE ER		400.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 6054697	10/01/2017	10/01/2018	E.L. EACH ACCIDENT	\$	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYE	E \$	500,000	
в	Professional Liabili			PHSD1248010	07/07/2017	07/07/2018	E.L. DISEASE - POLICY LIMIT	\$	100,000	
DES Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate holder is named as additional in	LES (J	ACORI d rega	D 101, Additional Remarks Schedule arding General Liability Cove	e, may be attached if mo erage	re space is requi	red)			
CE	RTIFICATE HOLDER				CANCELLATION					
		_		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Waukesha Police Department Intel EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED										

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

JE madele

1901 Delafield St Waukesha, WI 53188

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