

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/07/2022

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. 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 The Roehr Agency 4642 Ridge Ave. Cincinnati, OH 45209 Alvin F. Roehr, Jr.	513-985-0353	CONTACT NAME: Lisa Gonzales	
		PHONE (A/C, No, Ext): 513-985-0353	FAX (A/C, No): 513-985-0359
		E-MAIL ADDRESS: lgonzales@roehrrins.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Cincinnati Insurance Company	10677
	INSURER B:	Travelers Property & Casualty	25674
	INSURER C:	Federal Insurance Company	20281
	INSURER D:	Hallmark Specialty Ins.Co.	
	INSURER E:	Gemini Insurance Co.	
	INSURER F:		

INSURED
Taylor Distributing Company
Taylor Warehouse Corp
Taylor Logistics, Inc.
Taylor Brothers Management, Inc
Rex Taylor
9756 International Blvd
Cincinnati, OH 45246

COVERAGES

CERTIFICATE 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	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EPP0219722	12/01/2022	12/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COM/OP AGG	\$ 2,000,000
	OTHER:						Emp Ben.	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			EBA0219722	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> \$5000 ded <input checked="" type="checkbox"/> Comp & Col						PROPERTY DAMAGE (Per accident)	\$
							Hired Phys Dama	\$ 100,000
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			GVE100303501	12/01/2022	12/01/2023	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EPP0219722	12/01/2022	12/01/2023	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Cargo			6608N167146	05/01/2022	05/01/2023	Cargo Lim	250,000
D	Excess Liability			77HX215C78	12/01/2022	12/01/2023	Umbrella	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SPECIMEN ONLY	SPECIME
	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 <i>Alvin F Roehr Jr.</i>

NOTEPADINSURED'S NAME **Taylor Distributing Company****TAYLO-1
OP ID: LM**PAGE 2
Date **12/07/2022**

Trailer Interchange Coverage
Policy #EPP0219722
Insurer- Cincinnati Insurance Company - Limit 75,000
12/01/2022 till 12/01/2023

TRANSPORTATION POLLUTION LIABILITY:
Crum & Forster -Policy # CPL111018
Effective 12/01/2022 to 12/01/2023
\$2,000,000 Each Occurrence/\$2,000,000 Aggregate

Leased and Rented Contractors Equipment
Policy Limit \$100,000
Ded \$500

NY- GA-SC Workers Comp
Cincinnati Insurance Company
Policy # EWC 0623173
07/16/2022- 07/16/2023
\$1,000,000 Policy Limit

Excess Liability
Hallmark Insurance Company
Policy # 77HX215C78
12/01/2022 - 12/01/2023
\$3,000,000 Limit over the Primary Umbrella Policy