

DATE (MM/DD/YYYY) 04/29/2022

OP ID: LM

## CERTIFICATE OF LIABILITY INSURANCE

ACORD

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 endors

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|------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|--------------------------|---------|--|
| PRODUCER                                                                           | 513-985-0353                                       | CONTACT Lisa Gonzales                    |                          |         |  |
| The Roehr Agency<br>4642 Ridge Ave.<br>Cincinnati, OH 45209<br>Alvin F. Roehr, Jr. |                                                    | PHONE<br>(A/C, No, Ext): 513-985-0353    | FAX<br>(A/C, No): 513-98 | 85-0359 |  |
|                                                                                    |                                                    | E-MAIL ADDRESS: Igonzales@roehrins.com   |                          |         |  |
|                                                                                    |                                                    | INSURER(S) AFFORDING COVERAGE            | NAIC#                    |         |  |
|                                                                                    |                                                    | INSURER A: Cincinnati Insurance Company  |                          | 10677   |  |
| INSURED Taylor Distributing Company                                                |                                                    | INSURER B: Travelers Property & Casualty |                          | 25674   |  |
| Taylor Warehouse Corp                                                              |                                                    | INSURER C: Federal Insurance Company     | 20281                    |         |  |
| Taylor Logistics, Inc. Taylor Brothers Management, Inc                             |                                                    | INSURER D: Hallmark Specialty Ins.Co.    |                          |         |  |
| Rex Taylor                                                                         |                                                    | INSURER E:                               |                          |         |  |
| 9756 International Blvd<br>Cincinnati OH 45246                                     |                                                    | INSURER F:                               |                          |         |  |
| 000/504050                                                                         | 0=D=I=I0.4== \  \  \  \  \  \  \  \  \  \  \  \  \ | DE1/(01011 1111                          |                          |         |  |

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<br>LTR |                                                                              | TYPE OF INSURANCE                                 | ADDL<br>INSD | SUBR                | POLICY NUMBER                  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP | LIMIT                                     | s  |           |
|-------------|------------------------------------------------------------------------------|---------------------------------------------------|--------------|---------------------|--------------------------------|----------------------------|------------|-------------------------------------------|----|-----------|
| Α           | Х                                                                            | COMMERCIAL GENERAL LIABILITY                      |              |                     |                                | ,                          |            | EACH OCCURRENCE                           | \$ | 1,000,000 |
|             |                                                                              | CLAIMS-MADE X OCCUR                               |              |                     | EPP0219722                     | 12/01/2021                 | 12/01/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000   |
|             |                                                                              |                                                   |              |                     |                                |                            |            | MED EXP (Any one person)                  | \$ | 10,000    |
|             |                                                                              |                                                   |              |                     |                                |                            |            | PERSONAL & ADV INJURY                     | \$ | 1,000,000 |
|             | GEN                                                                          | N'L AGGRE <u>GATE</u> LIMIT AP <u>PLIE</u> S PER: |              |                     |                                |                            |            | GENERAL AGGREGATE                         | \$ | 2,000,000 |
|             |                                                                              | POLICY PRO- X LOC                                 |              |                     |                                |                            |            | PRODUCTS - COMP/OP AGG                    | \$ | 2,000,000 |
|             |                                                                              | OTHER:                                            |              |                     |                                |                            |            | Emp Ben.                                  | \$ | 1,000,000 |
| Α           | AUT                                                                          | OMOBILE LIABILITY                                 |              |                     |                                |                            |            | COMBINED SINGLE LIMIT (Ea accident)       | \$ | 1,000,000 |
|             | X                                                                            | ANY AUTO                                          |              |                     | EBA0219722                     | 12/01/2021                 | 12/01/2022 | BODILY INJURY (Per person)                | \$ |           |
|             |                                                                              | OWNED SCHEDULED AUTOS                             |              |                     |                                |                            |            |                                           | \$ |           |
|             |                                                                              | HIRED NON-OWNED AUTOS ONLY                        |              |                     |                                |                            |            | PROPERTY DAMAGE (Per accident)            | \$ |           |
|             | Х                                                                            | \$5000 ded Comp & Col                             |              |                     |                                |                            |            | Hired Phys Dama                           | \$ | 100,000   |
| A           | X                                                                            | UMBRELLA LIAB X OCCUR                             |              |                     |                                |                            |            | EACH OCCURRENCE                           | \$ | 2,000,000 |
|             |                                                                              | EXCESS LIAB CLAIMS-MADE                           |              |                     | EPP0219722                     | 12/01/2021                 | 12/01/2022 | AGGREGATE                                 | \$ | 2,000,000 |
|             |                                                                              | DED X RETENTION \$ 0                              |              |                     |                                |                            |            |                                           | \$ |           |
| A           | WOF                                                                          | RKERS COMPENSATION EMPLOYERS' LIABILITY           |              |                     |                                |                            |            | PER X OTH-                                |    |           |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) |                                                   | N/A          |                     | EPP0219722   12/01/2021   12/0 |                            | 12/01/2022 | E.L. EACH ACCIDENT                        | \$ | 1,000,000 |
|             |                                                                              |                                                   | N/A          | EMPLOYERS LIABILITY |                                |                            |            | E.L. DISEASE - EA EMPLOYEE                | \$ | 1,000,000 |
|             | If yes                                                                       | s, describe under<br>CRIPTION OF OPERATIONS below |              |                     |                                |                            |            | E.L. DISEASE - POLICY LIMIT               | \$ | 1,000,000 |
| В           | Car                                                                          | go                                                |              |                     | 6608N167146                    | 05/01/2022                 |            | Cargo Lim                                 |    | 250,000   |
| D           | Exc                                                                          | ess Liability                                     |              |                     | EPP0219722- FIRST LINE         | 12/01/2021                 | 12/01/2022 | Umbrella                                  |    | 2,000,000 |
|             |                                                                              |                                                   |              |                     |                                |                            |            |                                           |    |           |

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 awing Roeling.                                                                                                                       |

**NOTEPAD** 

## INSURED'S NAME Taylor Distributing Company

TAYLO-1 OP ID: LM PAGE 2
Date 04/29/2022

Trailer Interchange Coverage
Policy #EPP0219722
Insurer- Cincinnati Insurance Company - Limit 75,000
12/01/2021 till 12/01/2022

TRANSPORTATION POLLUTION LIABILITY:
Crum & Forster -Policy # CPL111018
Effective 12/01/2021 to 12/01/2022
\$2,000,000 Each Occurrence/\$2,000,000 Aggregate

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

NY & GA Workers Comp Cincinnati Insurance Company Policy # EWC 0623173 07/16/2021- 07/16/2022 \$1,000,000 Policy Limit

Excess Liability-Hallmark Insurance Company Policy # 77HX215C78 12/01/2021 till 12/01/2022

\$3,000,000 Limit over the Primary Umbrella Policy