

COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS
NAUTILUS INSURANCE COMPANY

An Arizona Corporation

Transaction Type: **New**

Policy No. **NC465664**

Renewal of Policy # _____
Rewrite of Policy # _____
Cross Ref. Policy # _____
NIC Quote # _____

Inspection Ordered:
☐ Yes ☐ No

The insurance hereby evidenced is written by an approved non-licensed insurer in the state of Ohio and is not covered in case of insolvency by the Ohio Insurance Guaranty Association.

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

OHIO STATE COUNCIL KNIGHTS OF COLUMBUS

1101 ARBOR OAKS LN
GALLOWAY OH 43119

Agent and Mailing Address

Agency No. 01300 00

(No., Street, Town or City, County, State, Zip Code)

Arlington Roe & Co.
8900 Keystone Crossing Suite 800
Indianapolis, IN 46240

NO FLAT CANCELLATION

Policy Period: From 04/25/2019 to 05/05/2019 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: SPECIAL EVENT

Tax State OH

Form of Business: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company (LLC)
☒ Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial General Liability Coverage Part

PREMIUM
\$ 905.00

Tax & Fee Schedule

POLICY FEE
SURPLUS LINES TAX

\$ 25.00
45.25

TOTAL ADVANCE PREMIUM

Minimum & Deposit

TOTAL TAXES & FEES

TOTAL

\$ 905.00

\$ 70.25

\$ 975.25

Form(s) and Endorsement(s) made a part of this policy at time of issue:

Refer to Schedule of Forms and Endorsements.

Countersigned: Indianapolis, IN
04/09/19 MBUCY
JB

By

Arlington/Roe & Co.

Countersignature or Authorized Representative, whichever is applicable

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.
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