

DATE (MM/DD/YYYY) 03/21/2023

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.

				DITIONAL INSURED, the							
				rms and conditions of th				require an end	lorsemen	t. As	tatement on
this certificate	does not confer rights t	o the	certi	ficate holder in lieu of su							
PRODUCER					CONTA NAME:	^{ст} Lisa Corl	oett				
Mitchell Insurance	e Agency Inc				PHONE (A/C, No, Ext): (614)873-1088 FAX (A/C, No): (614)873-699				373-6996		
7450 Industrial Parkway					E-MAIL ADDRE	ss: lcorbett@	insurance-m	nitchell.com			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
Plain City				OH 43064	INSURE	RA: Nautilus	Insurance C	Company			1
INSURED			INSURE	RB:							
Ohio State Council Knights Of Columbus				INSURER C:							
1101 Arbor Oaks Lane				INSURE	RD:					1	
					INSURER E :						
Ga	lloway			OH 43119	INSURE	RF:					
COVERAGES	CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
INDICATED. NO CERTIFICATE N	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 TY	PE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	CIAL GENERAL LIABILITY							EACH OCCURREN		\$ 1,00	0,000
CLAI	MS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$ 100,	,000
								MED EXP (Any one	person)	\$ 5,00	00

L			INSD	WVV	TOLICT NOWIDER	{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			<u> </u>
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		claims-made X occur						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α					NN1519655	4/28/2023	5/7/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						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 \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCLUDED? datory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes DES(, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	RIPT	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be attached if mor	e space is requir	ed)	
CE	RTIF	ICATE HOLDER				CANCELLATION			

CERTIFICATE HOLDER		CANCELLATION
City of Columbus License Section		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4252 Groves Rd		AUTHORIZED REPRESENTATIVE
Columbus	OH 43232	
Fax: Email:		© 1988-2015 ACORD CORPORATION. All rights reserved.

Fax:



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RE	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
lf	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).								
PROD	DUCE	ER			C	CONTACT Lisa Cort	pett		
Mito	hell	ll Insurance Agency Inc				PHONE (A/C, No, Ext): (614)87	73-1088	FAX (A/C, No):	(614)873-6996
7450	0 In	ndustrial Parkway			l É	-MAIL ADDRESS: lcorbett@			
							URER(S) AFFOR	RDING COVERAGE	NAIC #
Plaii	n Ci	City			OH 43064	NSURER A : Nautilus	Insurance C	Company	
INSUI	RED)			П	NSURER B :			
		Ohio State Council Knights	Of Co	lumb	us	NSURER C :			
		1101 Arbor Oaks Lane			П	NSURER D :			
					П	NSURER E :			
		Galloway			OH 43119 II	NSURER F :			
					NUMBER:			REVISION NUMBER:	
INI CE EX	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION C THE INSURANCE AFFORDEI	OF ANY CONTRACT D BY THE POLICIE EEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESP	ECT TO WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		_	1	1					Ψ .,,
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR							\$ 100,000 \$ 5,000
А		CLAIMS-MADE X OCCUR			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence)	\$ 100,000 \$ 5,000 \$ 1,000,000
А		EN'L AGGREGATE LIMIT APPLIES PER:			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000
Α	GEI	N'L AGGREGATE LIMIT APPLIES PER:			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED
Α	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$
Α	X	POLICY PRO- OTHER: DTOMOBILE LIABILITY			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$
A	X	POLICY PRO- OTHER: OTHORIZE LIABILITY ANY AUTO			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$
A	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$
A	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: DTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$ \$
A	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: UTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$ \$ \$
A	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$ \$ \$
A	X	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: DTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB CLAIMS-MADI			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$ \$ \$ \$
A	AU.	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR			NN1519655	4/28/2023	5/7/2023	PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ INCLUDED \$ \$ \$ \$

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

CERTIFICATE HOLDER		CANCELLATION
City of Dublin Attn: Greg Jones		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5. 5		AUTHORIZED REPRESENTATIVE
Dublin	OH 43017	

Fax:

ACORD 25 (2016/03)

Email:

AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory in NH)

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E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$



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If SUBROGATION IS WAIVED this certificate does not confe					require an endorsemen	t. A statement on			
PRODUCER			CONTACT NAME: Lisa Cor	bett					
Mitchell Insurance Agency Inc			PHONE (A/C, No, Ext): (614)8	73-1088	FAX (A/C, No):	(614)873-6996			
7450 Industrial Parkway)insurance-n	nitchell.com						
			INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #			
Plain City		OH 43064	INSURER A : Nautilus	Insurance C	Company				
INSURED			INSURER B :						
Ohio State Council	Knights Of Columb	us	INSURER C :						
1101 Arbor Oaks L	ane		INSURER D :						
			INSURER E :						
Galloway		OH 43119	INSURER F :						
COVERAGES	CERTIFICATE	NUMBER:			REVISION NUMBER:				
INDICATED. NOTWITHSTANDIN	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						O ALL THE TERMS,			
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S			
V COMMERCIAL CENERAL LIAR						- 1 000 000			

EXCLUSIONS AND CONDITIONS OF SUCH									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	\times	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		NN1519655	4/28/2023	5/7/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						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 \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED?	IN / A					E.L. DISEASE - EA EMPLOYEE	\$
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	i 101, Additional Remarks Schedule, may l	e attached if mor	e space is requir	red)	
CE	RTIF	ICATE HOLDER			CAN	CELLATION			
					1				

CERTIFICATE HO	OLDER		CANCELLATION
City 3600	of Upper Arlington) Tremont 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.
ooo nenonna			AUTHORIZED REPRESENTATIVE
Upp	er Arlington	OH 43221	
-av:	Email:	·	© 1999 2015 ACORD CORROBATION All rights recorded

Email:



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this certificate does not confer rights to the certificate		• • • • • • • • • • • • • • • • • • • •	orsement. A st	tatement on			
PRODUCER		CONTACT NAME: Lisa Corbett					
Mitchell Insurance Agency Inc		PHONE (A/C, No, Ext): (614)873-1088	FAX (A/C, No): (614)8	73-6996			
7450 Industrial Parkway		E-MAIL ADDRESS: Icorbett@insurance-mitchell.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
Plain City	OH 43064	INSURER A : Nautilus Insurance Company					
INSURED		INSURER B:					
Ohio State Council Knights Of Columbus		INSURER C :					
1101 Arbor Oaks Lane		INSURER D :					
		INSURER E :					
Galloway	OH 43119	INSURER F :					
COVERAGES CERTIFICATE NUM	IBER:	REVISION NUI	MBER:				
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,							

		SIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE B				
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		claims-made X occur						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α					NN1519655	4/28/2023	5/7/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	N / A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (#	CORD	101, Additional Remarks Schedule	, may be attached if more	e space is requir	ed)	
CEI	RTIF	ICATE HOLDER				CANCELLATION	<u> </u>		

CERTIFICATE HOLDER		CANCELLATION				
City of Worthington Attn: Kav		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
6550 North High St		AUTHORIZED REPRESENTA TIVE				
∣ Worthington	OH 43085					

Fax: Email:



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER		CONTACT NAME: Lisa Corbett							
Mitchell Insurance Agency Inc		PHONE (A/C, No, Ext): (614)873-1088	FAX (A/C, No): (614)8	873-6996					
7450 Industrial Parkway		E-MAIL ADDRESS: Icorbett@insurance-mitchell.com							
		INSURER(S) AFFORDING COVERAGE		NAIC #					
Plain City	OH 43064	INSURER A: Nautilus Insurance Company							
INSURED		INSURER B:							
Ohio State Council Knights Of Columbus		INSURER C :							
1101 Arbor Oaks Lane		INSURER D:							
		INSURER E :							
Galloway	OH 43119	INSURER F:							
COVERAGES CERTIFICATE NU	IMBER:	REVISION NUM	MBER:						
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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
Α					NN1519655	4/28/2023	5/7/2023	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1.000.000
		N'L AGGREGATE LIMIT APPLIES PER:					3111.23.23	GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident)	·
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE						EACH OCCURRENCE	\$
		CEAIWIS-WIADE						AGGREGATE	\$
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER		CANCELLATION			
Huntington National Bank ATIMA/ISAOA 13866 Pearl 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.			
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		AUTHORIZED REPRESENTATIVE			
Strongsville	OH 44136				

Fax: Email:

ACORD 25 (2016/03)



DATE (MM/DD/YYYY) 03/21/2023

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.

	, -		the policy, certain policies may require an	∍ndorsement. A s	tatement on		
	t confer rights to the certifica	ite holder in lieu of si	CONTACT				
PRODUCER			NAME: LISA CORDEIL				
Mitchell Insurance Agency	/ Inc		PHONE (A/C, No, Ext): (614)873-1088 FAX (A/C, No): (614)873-6996				
7450 Industrial Parkway			E-MAIL ADDRESS: lcorbett@insurance-mitchell.com				
			INSURER(S) AFFORDING COVERA	GE	NAIC #		
Plain City		OH 43064	INSURER A: Nautilus Insurance Company				
INSURED			INSURER B:				
Ohio State (Council Knights Of Columbus		INSURER C :				
1101 Arbor (Oaks Lane		INSURER D :				
			INSURER E :				
Galloway		OH 43119	INSURER F:				
COVERAGES	CERTIFICATE N	JMBER:	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							
			N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS				
			DED BY THE POLICIES DESCRIBED HEREIN IS	SUBJECT TO ALL	THE TERMS,		
		II S SHOWN WAY HAVE	BEEN REDUCED BY PAID CLAIMS.				
INSR TYPE OF INSU	RANCE ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS			

INSR TYPE OF INSURANCE		ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)			
LTR	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1.000.000
	^							EACH OCCURRENCE DAMAGE TO RENTED	* ' '
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α					NN1519655	4/28/2023	5/7/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ INCLUDED
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						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 \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes DES	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CF	RTIF	ICATE HOLDER			CANO	ELLATION			
				9,					

CERTIFICATE HOLDER		CANCELLATION				
Ohio State Council Knights Of Columbus 1101 Arbor Oaks Lane		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				
		F. Am July				
Galloway	OH 43119					

Fax: Email: