

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/2024

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.																						
If SU	JBROGATION IS WAIVED, subject	to th	ne ter	ms and conditions of th	he polic	cy, certain p	olicies may	NAL INSURED provision require an endorsement	t. Ast	e endorsed. tatement on												
this certificate does not conferrights to the certificate holder in lieu of su						CONTACT Lies Carbott																
PRODUCER						NAME: LISA COrdett																
Mitchell Insurance Agency Inc						PHONE (A/C, No, Ext): 614-873-1088 FAX (A/C, No): 614-873-6996																
2204 Stringtown Rd						ADDRESS: ICOrDett@insurance-mitchell.com																
					INSURER(S) AFFORDING COVERAGE NAIC #																	
Grove City OH 43123					INSURER A : Nautilus Insurance Company																	
INSURED					INSURER B :																	
Ohio State Council Knights Of Columbus					INSURER C :																	
1101 Arbor Oaks Lane					INSURER D :																	
					INSURER E :																	
	Callenary	OH 43119																				
	Galloway	TIEL				INSURER F : 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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT														
	COMMERCIAL GENERAL LIAB							EACH OCCURRENCE	\$ 1,00	0,000												
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100.	000												
								MED EXP (Any one person)	\$ EXC	LUDED												
A		-		NN1671161		4/26/2024	5/6/2024	PERSONAL & ADV INJURY	\$ 1,00	0,000												
-								GENERAL AGGREGATE	\$ 2.00	0.000												
	EN'L AGGREGATE LIMIT APPLIES PER:						5	PRODUCTS - COMP/OP AGG		LUDED												
	POLICY JECT LOC							PRODUCTS - COMPIOP AGG	\$ 1140													
	OTHER.							COMBINED SINGLE LIMIT	\$													
A	UTOMOBILE LIABILITY							(Ea accident)	*													
	ANY AUTO			1 I I I I I I I I I I I I I I I I I I I				BODILY INJURY (Per person)	\$													
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$													
	HIRED NON-OWNED AUTOS ONLY			*				PROPERTY DAMAGE (Per accident)	\$													
									\$													
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$													
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$													
-	OLY MICH WELL	-						THO OTLEOTTE	s													
14	DED RETENTION S							PER OTH-	Ψ													
A	ND EMPLOYERS' LIABILITY Y / N							STATUTE ER	¢													
A	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$													
(1	Mandatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE														
D	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$													
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)														
CERTIFICATE HOLDER						CANCELLATION																
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																
												Ohio State Council Knights Of Columbus 1101 Arbor Oaks Lane					CARACTERIA HILL HELANAL HALLANDAR					
													TTUT Arbor Oaks Lane				AUTHO	AUTHORIZED REPRESENTA TIVE				
					A Mast Jul																	
1				011 40110																		
L	Galloway			OH 43119		0.1	000 0045 40	ORD CORPORATION.	Allein	hte record												
Fax:	Email:					© 1	308-2015 AC	URD CORPORATION.	All rig	into reserved.												

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