

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

	is certificate does not confer rights to				uch end	lorsement(s)		equire an enuc	J. 361116111		atement on	
PRODUCER						CONTACT Crystal Gleason						
Hylant Group Inc 811 Madison Ave					PHONE (A/C, No, Ext): 419-259-2710 FAX (A/C, No): 419-255-7557							
Toledo OH 43604						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC						
					INSURE	RA: Westche	ster Surplus	Lines Insurance	Company	/	10172	
Insured All Active US Rotary Clubs & Districts					INSURER B:							
All Active do Notary Clubs & Districts					INSURER C:							
Attn: Risk Management Dept.					INSURER D:							
1560 Sherman Avenue					INSURER E :							
Evanston, IL 60201-3698						INSURER F:						
	VERAGES CER	REVISION NUMBER:						IOV DEDICE				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Y		G73578917003		7/1/2024	7/1/2025	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ	\$ 2,000 \$ 500.0			
	X Liquor Liability Included							MED EXP (Any one	,	\$		
								PERSONAL & ADV	INJURY	\$ 2,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$4,000	\$4,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$4,000	,000	
OTHER:								\$				
Α	AUTOMOBILE LIABILITY			G73578917003	7/1/2024		7/1/2025	COMBINED SINGLE LIMIT \$2,000		,000		
	ANY AUTO OWNED SCHEDULED							` ' '		\$		
	AUTOS ONLY AUTOS							BODILY INJURY (P	,	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$		
	LIMPRELLALIAR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			Not applicable	EACH OCCURRED		CE	\$				
	CLAIWS-IWADL							AGGREGATE		\$		
	DED   RETENTION \$   WORKERS COMPENSATION			Not applicable				PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			Not applicable						\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$				
	DESCRIPTION OF CITATIONS BOICW							2.2. 3.027.02	2.0.	Ψ		
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Certificate Holder is included as an additional and the extent bodily in the extent bodily	lition	al ins	ured where required by wri	itten cor	ntract or perm	it subject to t	the terms and co		of the go	eneral	
<u></u>	RTIFICATE HOLDER				CANC	ELLATION						
						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						
						Order K. Wilson						