

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SF  
NOROO-1

DATE (MM/DD/YYYY)  
01/05/05

<b>PRODUCER</b>  Sky Insurance - Maumee P.O. Box 10079 Maumee OH 43537 Phone: 419-720-7900 Fax: 419-720-7995	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  Nordmann Roofing Co., Inc. 1722 Starr Avenue Toledo OH 43605	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: <b>First Specialty Ins Co./Heath</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>State Auto Prop and Cas Ins Co</b></td> <td></td> </tr> <tr> <td>INSURER C: <b>Liberty Ins Underwriters/Heath</b></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>First Specialty Ins Co./Heath</b>		INSURER B: <b>State Auto Prop and Cas Ins Co</b>		INSURER C: <b>Liberty Ins Underwriters/Heath</b>		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: <b>First Specialty Ins Co./Heath</b>													
INSURER B: <b>State Auto Prop and Cas Ins Co</b>													
INSURER C: <b>Liberty Ins Underwriters/Heath</b>													
INSURER D:													
INSURER E:													

## COVERAGES


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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IRG47611-2	05/15/04	05/15/05	EACH OCCURRENCE \$ <b>1000000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100000</b> MED EXP (Any one person) \$ <b>EXCLUDED</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>2000000</b>				
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP2128462	05/15/04	05/15/05	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1000000</b>
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
C	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>	LQ1B71078691023	05/15/04	05/15/05	EACH OCCURRENCE \$ <b>5000000</b>
					AGGREGATE \$ <b>5000000</b>
					\$
					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	<b>EMPLOYERS LIAB (OHIO STOP GAP)</b>	IRG47611-2	05/15/04	05/15/05	LIMIT \$ <b>1000000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**For information only.**

## CERTIFICATE HOLDER

## CANCELLATION

BLANK-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---------	---