

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/27/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to

		rms and conditions of the policy, cate holder in lieu of such endors		-		dorse	ment. A stat	tement on th	is certificate does not o	onter	rights to the
_	DUCE			-(-)		CONTAC	^{ст} Brian Fr	eese			
Murphy Insurance Agency 5767 Harrison Ave Cincinnati, OH 45248						PHONE (A/C, No, Ext): 513-574-3700 FAX (A/C, No): 513				513-5	574-7955
Cin	cinna	ati, OH 45248			I 1	E-MAIL ADDRES					
Brian Freese							INSURER(S) AFFORDING COVERAGE				
							INSURER A : Cincinnati Insurance Company				
INSURED Clean House Cincinnati							INSURER B:				
Cindy Wolford 6568 Glenway Avenue Cincinnati, OH 45211-4410							INSURER C :				
							INSURER D:				
						INSURER E :					
					F	INSURER F:					
CC	VER	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					•
T	HIS I	S TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HAV	E BEE	N ISSUED TO	THE INSURE	ED NAMED ABOVE FOR T	HE PO	LICY PERIOD
		ATED. NOTWITHSTANDING ANY RE									
		FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH								U ALL	THE TERMS,
INSF		TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(WIWI/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ENP0400447		08/17/2019	08/17/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		OLAIMO-MADE 1-1 CCCCIT							MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	CEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	GEI	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
									Stop Gap	\$	1,000,000
	ΔΙΙΤ	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
A	Ασ.	1			ENP0400447		08/17/2019	08/17/2022	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
^		ANY AUTO ALL OWNED SCHEDULED			LINF 0400447		00/1//2019	00/11/2022	BODILY INJURY (Per accident)	<u> </u>	
	Х	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	_	HIRED AUTOS AUTOS							(Per accident)	\$	
_		UMBRELLA LIAB OCCUP								<u> </u>	
		OCCUR							EACH OCCURRENCE	\$	
		CLAINS-INADE							AGGREGATE	\$	
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER V OTH-	\$	
١.	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				ENDO 400 447		08/17/2019	08/17/2022	PER X OTH- STATUTE X ER		4 000 000
Α					ENP0400447	E.L. EACH ACCIDENT			\$	1,000,000	
	If ves	ndatory in NH) s. describe under			OH STOP GAP				E.L. DISEASE - EA EMPLOYEE	· ·	1,000,000
<u> </u>	DÉS	ĆRIPTION OF OPERATIONS below			=\LD040044=		00/4E/20/-	00/4 = /000=	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	BPF				ENP0400447		08/17/2019	08/17/2022	500 Ded.		25,000

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

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.
	AUTHORIZED REPRESENTATIVE Brian Freese