

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2022

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)

tl	nis ce	ertificate does	not	confer rights to	the	certif	icate holder in lieu of suc							
PRODUCER Mumby Incurence Agency Inc									CONTACT Brian Freese					
Murphy Insurance Agency, Inc. 5767 Harrison Avenue								PHONE 513-574-3700 FAX (A/C, No. Ext): 513-574-7955						
Cincinnati, OH 45248											[(AO, NO).	-		
31131111au, 311 132 13								ADDRE		SIIDED/S) AEEOE	DING COVERAGE		NAIC #	
									INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company				10677	
INSURED Clean House Cincinnati									INCORDINA.					
Lucinda Wolford									INSURER B:					
			566 Glenway Avenue						INSURER C:					
Cincinnati, OH 45211-4410									INSURER D:					
								INSURER E :						
<u> </u>								INSURER F:						
_		AGES					NUMBER:				REVISION NUMBER:			
II C	NDICA ERTII	TED. NOTWITH	HSTA E ISS	ANDING ANY REBUED OR MAY F	QUIRE PERTA	EMEN AIN, T	ANCE LISTED BELOW HAVE T, TERM OR CONDITION OF HE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BI	F ANY (CONTRACT O	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT 1	O WHIC	CH THIS	
INSR					ADDL SUBR NSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LTR A	,/	COMMERCIAL GENERAL LIABILITY			X	X	ENP 0400447		08/17/2022	08/17/2025	EACH OCCURRENCE	s	1,000,000	
	Y	CLAIMS MAD	CLAIMS-MADE OCCUR			^	0.00			00/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	\vdash	OLATIVIO-IVIAL	<i>-</i> L	▼ 000010							MED EXP (Any one person)	\$	5,000	
	\vdash										PERSONAL & ADV INJURY	\$	1,000,000	
		J N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO POLICY LOC POLICY LOC											2,000,000	
	GEN										GENERAL AGGREGATE	\$	2,000,000	
			CT	LOC							PRODUCTS - COMP/OP AGG Stop Gap	\$	1,000,000	
Α	OTHER: A AUTOMOBILE LIABILITY					ENP 0400447		08/17/2022	08/17/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1.000.000		
	ANY AUTO					LIVI 0400447	l	00/11/2022	00/11/2023	·	-	1,000,000		
		OWNED		SCHEDULED							BODILY INJURY (Per person)	\$		
	—	AUTOS ONLY HIRED	,	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	V	AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
_	—					END 0400447			00/47/0000	00/47/0005		\$		
Α	V	UMBRELLA LIAB		OCCUR			ENP 0400447		08/17/2022	08/17/2025	EACH OCCURRENCE	\$	2,000,000	
		EXCESS LIAB		CLAIMS-MADE	1						AGGREGATE	\$	2,000,000	
		DED RETENTION \$									DED A OTH	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						ENP 0400447 OH STOP (P GAP	08/17/2022	08/17/2025	PER OTH-			
	ANY	PROPRIETOR/PART	ROPRIETOR/PARTNER/EXECUTIVE ::R/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$	1,000,000	
	(Man	datory in NH)									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Α	BPF						ENP 0400447		08/17/2022	08/17/2025	\$500 Ded.		25,000	
DES	CRIPT	ION OF OPERATION	NS / L	OCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule, i	may be at	tached if more s	pace is required)				
CERTIFICATE HOLDER									CANCELLATION					
OLIVIII IOATE HOLDEN									CAROLLLATION					
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								AUTHO	AUTHORIZED REPRESENTATIVE					

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