**JCZYRBA** 

CORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/30/2018

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.

th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	the c	erti	ficate holder in lieu of su	ch endorseme	nt(s	).			
	DUCER	CONTACT Jennifer Czyrba  PHONE (A/C, No, Ext): (216) 643-6656  FAX (A/C, No):(216) 328-8081								
The 500!	Fedeli Group 5 Rockside Road, Fifth Floor									
Inde	ependence, OH 44131				E-MAIL ADDRESS: JCzy	rba	@thefedelig	group.com		
								RDING COVERAGE		NAIC#
								nsurance Company		16535
INSU	JRED		INSURER B : Global Aerospace INSURER C : Starr Indemnity & Liability Co 38318							
Constant Aviation, LLC					INSURER C : Sta	rr Ir	ndemnity &	Liability Co		38318
5211 Secondary Rd Cleveland. OH 44135					INSURER D:					
Glevelatiu, Off 44100					INSURER E:					
				INSURER F:						
				NUMBER:	= ===111001	·==		REVISION NUMBER:	- DO	LICY DEDICE
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIR PERT/ POLICI	EME AIN, IES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CON DED BY THE PO BEEN REDUCED	TRA OLIC ) BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	110	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR WVD	POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							COMBINED SINGLE LIMIT		1,000,000
В	AUTOMOBILE LIABILITY			Si visi visi visi visi visi visi visi vi		04/01/2018	04/01/2019	(Ea accident) \$		1,000,000
	X ANY AUTO			BAP9155656	04/01/2			BODILY INJURY (Per person) \$	;	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	5	
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	5		
		_						\$		25,000,000
	UMBRELLA LIAB X OCCUR			13000722	04/01/2	04/01/2018	04/01/2019	EACH OCCURRENCE \$		25,000,000
	X EXCESS LIAB CLAIMS-MADE			13000722	04/01/2			AGGREGATE \$		
	DED RETENTION \$							X PER OTH-	<u> </u>	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1000001667	04/01/2	04/01/2018	04/01/2019			1,000,000
	ANY DECEDETOPIDA PTNIEDIEYECI ITIVE	N/A		1000001007	04/01/2			E.L. EACH ACCIDENT		1,000,000
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		1,000,000
	DÉSCRIPTION OF OPERATIONS below	-					-	E.L. DISEASE - POLICY LIMIT   \$		
				104 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		16	un anger la recort	rod)		
DES If lis	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL sted, Excess coverage applies to Auto L	LES (A)	y an	d Workers Compensation	Employers Liab	ility	only.	ieuj		
		ē								
CE	RTIFICATE HOLDER	CANCELLATION								
										. == ======
	PROOF ONLY		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 RE	PRES	ENTATIVE			

Jennifer Coppson