

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2018

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t				uch en	dorsement(s	•	require an endorsement	. Ast	atement on	
PRODUCER						CONTACT NAME:					
Willis of Greater Kansas, Inc.						PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					
	26 Century Blvd Box 305191				E-MAIL ADDRE	SS: certific	cates@willi	s.com			
Nashville, TN 372305191 USA INSURED						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Safety National Casualty Corporation				NAIC# 15105	
						INSURER B:					
O'Reilly Automotive Stores Inc O'Reilly Auto Enterprises LLC						INSURER C:					
& their subsidiaries					INSURER D:						
P.O. Box 1156						INSURER E :					
Springfield, MO 65801						INSURER F:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER: W8835966				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
							MED EXP (Any one person)	\$	0		
		Y		GL4043743		03/01/2018	03/01/2019	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLT							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							7.0011207112	s		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OFERATIONS BEIOW							E.E. DIOLAGE - I GLIGIT LIWIT	Ψ		
	CRIPTION OF OPERATIONS/LOCATIONS/VEHICE CORLY Store 4764 (Relo) - 712					e attached if more	e space is require	ed)			
т+	is agreed that City of La Cro	66 0	ie i	included as an Addi+	ional	Inquired a	e reeneata	to General Lishili	+37 33h	ien.	
	uired by written contract.	556	10 1	included as an Addic	IOHAI	Insured a	s respects	co General Hiabili	.cy wii	en	
CERTIFICATE HOLDER						CANCELLATION					
City of La Crosse						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Attn: Engineering Department 400 La Crosse Street					AUTHORIZED REPRESENTATIVE						
4th Floor					Bin HUZ						
La Crosse, WI 54601						Ism HAZ					

© 1988-2016 ACORD CORPORATION. All rights reserved.

La Crosse, WI 54601