



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2021

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).

| | | | | | |
|--|--|--|--|--------------------------------------|---------------|
| PRODUCER Gibson Insurance Agency, Inc. 202 S Michigan St, Suite 1400 South Bend IN 46601 | | CONTACT NAME: Stacy Christlieb PHONE (A/C, No, Ext): (800) 814-2122 E-MAIL ADDRESS: schristlieb@thegibsonedge.com | | FAX (A/C, No): (800) 836-2122 | |
| INSURED Team Quality Services, Inc. 108 S. Jackson St Auburn IN 46706 | | INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| | | INSURER A: Citizens Ins Co of Amer | | | 31534 |
| | | INSURER B: Allmerica Fin Benefit Ins Co | | | 41840 |
| | | INSURER C: Massachusetts Bay Ins Co | | | 22306 |
| | | INSURER D: Columbia Cas Co | | | 31127 |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

COVERAGES**CERTIFICATE NUMBER:** 7-1-21/22 Liability**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--------------------------|-----------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | Z7WH668778 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | OTHER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | | | AWWH649731 | 07/01/2021 | 07/01/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | U7WH668779 | 07/01/2021 | 07/01/2022 | EACH OCCURRENCE | \$ 5,000,000 | |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE | \$ 5,000,000 | |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | | \$ | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WDWH650274 | 07/01/2021 | 07/01/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y / N | N / A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | |
| D | Technology and Professional Liability / Claims-Made | | | 596570305 | 07/01/2021 | 07/01/2022 | Limit of Liability | \$3,000,000 | |
| | | | | | | | Retention | \$25,000 | |

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

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes 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 REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.