



Regulatory Office:
 505 Eagleview Blvd. Suite 100
 Dept.: Regulatory
 Exton, PA 19341-1120
 800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of Underlying Insurance

Effective Date Of This Schedule:06/06/2024 **Attached To And Forming Part Of Certificate Number:**PPP7497074

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
a. Name: Auto Owners Insurance Co Policy Number: 78864335 Term: 06/06/2024 to 06/06/2025	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ <u>1,000,000</u> each Occurrence \$ <u>2,000,000</u> General Aggregate (Other than Products Completed Operations) \$ <u>1,000,000</u> Product Completed Operations Aggregate \$ <u>1,000,000</u> Personal and Advertising Injury
b. Name: Southern Owners/AOI Policy Number: 78864335 Term: 06/06/2024 to 06/06/2025	Automobile Liability	<u>1,000,000</u> Combined Single Limit HNOA ONLY
c. Name: Zenith Insurance Company Policy Number: Z134554506 Term: 10/09/2023 to 10/09/2024	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ <u>500,000</u> each Accident Disease Bodily Injury by Disease \$ <u>500,000</u> each Policy Bodily Injury by Disease \$ <u>500,000</u> each Employee
d. Name: Philadelphia Indemnity Insurance Policy Number: PCAP025124320 Term: 06/06/2024 to 06/06/2025	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ <u>1,000,000</u> each Occurrence \$ <u>1,000,000</u> Aggregate

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ Each Policy Bodily Injury by Disease \$ _____ each Employee
f. Name: Excluded Policy Number: Term: To	Garage Keepers Legal Liability	\$ _____ Each Occurrence
g. Name: Excluded Policy Number: Term:	Liquor Liability	\$ _____ Each Common Cause \$ _____ Aggregate Limit \$ _____ Each Occurrence
h. Name: Policy Number: Term: To	Box H <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____