

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2022

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 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).

certificate holder in lieu of such endorsement(s).										
PRODUCER						CONTACT DEBRA SUNDERMAN				
SUNDERMAN INSURANCE					PHONE (A/C, No, Ext): 712-542-9866 FAX (A/C, No): 712-542-1035					
115 S 16TH ST						E-MAIL DEBBIE @SUNDERMANINSURANCE.COM				
CLARINDA, IA 51632					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: SCOTTSDALE INS CO				NAIO#	
INSURED					INSURER B:					
PONY EXPRESS RIDERS OF IOWA					INSURER C:					
401 NE 66TH AVE					INSURER D:					
DES MOINES, IA 50313					INSURER E:					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					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.  INST.   POLICY FEF.   POLICY FEF.   POLICY FEF.   POLICY FEF.										
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
	CLAIMS-MADE X OCCUR				8			MED EXP (Any one person) \$	5,000	
Α				CPS 7215814		07/09/2021	07/09/2022	PERSONAL & ADV INJURY \$	1,000,000	
								GENERAL AGGREGATE \$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000	
	POLICY X PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS			5-A				BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS					a .		PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE						9	AGGREGATE \$		
	DED RETENTION\$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N								WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT \$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
						81				
DEC	PRINTION OF OREDATIONS / LOCATIONS / VEHIC	FC //		ACORD 404 Additional Demants	C-b-d-l-	· · · · · · · · · · · · · · · · · · ·	i			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FUND RAISING ORGANIZATION FOR EASTERS SEALS.										
Email: bwedemeier@cityofoelweinl.org										
CERTIFICATE HOLDER CANCELLATION										
CITY OF OELWEIN  DYLAN MULFINGER, CITY ADMINISTRATO  202ND AV SW						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
OELWEIN, IA 50662					AUTHORIZED REPRESENTATIVE  LEON ALL ALL MARCHEN AND ALL MARCHEN AL					

ACORD 25 (2010/05)

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