



PETRTRA-01

RENEER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2018

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. 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 Lupke Rice Insurance & Financial Services 127 W. Berry Street, Ste 500 Fort Wayne, IN 46802	CONTACT NAME: _____ PHONE (A/C, No, Ext): (260) 424-4150 FAX (A/C, No): (260) 424-4187	
	E-MAIL ADDRESS: _____	
INSURED Petroleum Traders Corporation 7120 Pointe Inverness Way Fort Wayne, IN 46804	INSURER(S) AFFORDING COVERAGE	
	INSURER A: HDI Global Insurance Company	NAIC # 41343
	INSURER B: Certain Underwriters at Lloyd's	
	INSURER C: The North River Insurance Company	21105
	INSURER D: _____	
	INSURER E: _____	

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.

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			EGGCD0001941 17	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 2,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000					
		MED EXP (Any one person) \$ _____					
		PERSONAL & ADV INJURY \$ 2,000,000					
		GENERAL AGGREGATE \$ 2,000,000					
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	Pollution Liab \$ Included						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EAGCD0001941 17	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
		BODILY INJURY (Per person) \$ _____					
		BODILY INJURY (Per accident) \$ _____					
		PROPERTY DAMAGE (Per accident) \$ _____					
		_____ \$ _____					
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EXAGD0001941 17	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 3,000,000
		AGGREGATE \$ 3,000,000					
		_____ \$ _____					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	EWGCD0001941-17	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ _____
		E.L. EACH ACCIDENT \$ 1,000,000					
		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					
		E.L. DISEASE - POLICY LIMIT \$ 1,000,000					
B	Commercial Excess			17*RENMA1600055-70549*02	06/01/2017	06/01/2018	INSURER B \$ 5,000,000
C	Commercial Excess			5228007165	06/01/2017	06/01/2018	INSURER C \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Daytona Beach is an additional insured under the general liability per form CG2010 04/13 and CG2037 04/13 when required in a written contract or agreement. Primary and Non-contributor applies under the general liability per form ENAIPC 04/11 and under the automobile per form ENCAIPC 09/00 when required in a written contract or agreement. Waiver of Subrogation applies to the general liability per form CG2404 05/09, to the automobile per form CA0444 10/13 and under the workers compensation per form WC000313 04/84 when required in a contract or agreement. Excess Liability is following form 30 day notice of cancellation applies

CERTIFICATE HOLDER**CANCELLATION**

City of Daytona Beach 301 S Ridgewood Ave Daytona Beach, FL 32114	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
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