

DYOUNG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2019

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).

tł	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su				,					
PRO	DUCE	R				CONTA NAME:	CT Dottie Yo	oung						
Cincinnati Insurance Company Cincinnati Customer Care Center							PHONE (A/C, No, Ext): (877) 687-1291 FAX (A/C, No): (513) 881-8114							
		ati Customer Care Center k 145496				E-MAIL ADDRESS: CincinnatiCerts@cinfin.com								
Cin	cinna	ati, OH 45250-5496				INSURER(S) AFFORDING COVERAGE						NAIC #		
						INCLIDE			nce Company			10677		
INICI	JRED						10077							
11430	IKLD		_			INSURER B:								
		Pennsylvania Music Teache 3008 BRYER RIDGE CT	rs As	SSOCI	ation	INSURER C:								
		EXPORT, PA 15632				INSURE								
							INSURER E:							
						INSURE	RF:							
					E NUMBER:				REVISION NUI					
		IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R												
С	ERTI	FICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIE	BED HEREIN IS S					
Е	XCLL	JSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS	i.					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	OLICY EXP IM/DD/YYYY)		LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$		\$	1,000,000			
		CLAIMS-MADE X OCCUR			ENP 0167745		11/1/2019	11/1/2022	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	500,000		
										MED EXP (Any one person)		10,000		
									PERSONAL & ADV	•	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000		
	X	POLICY X PRO- JECT X LOC							PRODUCTS - COM		\$	2,000,000		
		OTHER:							T ROBOOTO - COM	1701 700	\$			
Α	ALIT	OMOBILE LIABILITY							COMBINED SINGLE	E LIMIT	\$	1,000,000		
	AUI	ANY AUTO			ENP 0167745		11/1/2019	11/1/2022	(Ea accident)	`		, ,		
		OWNED SCHEDULED AUTOS ONLY			ENF 010//43		11/1/2019	11/1/2022	BODILY INJURY (P	•	\$			
	X								BODILY INJURY (P PROPERTY DAMAI (Per accident)	er accident) GE	\$			
	 ^	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)		\$			
											\$			
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$			
		DED RETENTION \$							DEB	OTH	\$			
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$			
	(Mar	ndatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$			
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$			
Α	Sex	ual Misconduct			ENP 0167745		11/1/2019	11/1/2022	Each Claim Li	mit		1,000,000		
Α	ML:	Pillar			EMN 0499286		10/6/2018	10/6/2021	ML505					
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC lisconduct or Sexual Molestation L	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)					
		00 Each Claim Limit	Iabili	Ly										
		00 Annual Aggregate Limit												
CERTIFICATE HOLDER							CELLATION							
<u> </u>	11	TOTAL HOLDER				5/1110	AIIVII							
FOR REFERENCE ONLY FOR REFERENCE 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.							
														OKDANCE WI
							FOR REFERENCE ONLY							
FOR REFERENCE ONLY							AUTHORIZED REPRESENTATIVE							

The Cincinnati Insurance Company

A Stock Insurance Company

NONPROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY COVERAGE PART DECLARATIONS

THIS COVERAGE PART PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.

Policy Number: EMN 049 92 86												
Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.												
Limit of Insurance:		\$	1,000,000	in the aggregate								
Investigative Costs S	ublimit:	\$	100,000	in the aggregate								
Excess Benefit Trans	saction Tax Sublimit:	\$	20,000	sublimit per organizational manager								
Additional Defense Limit	of Insurance:	\$	UNLIMITED	in the aggregate								
Excess Side A Limit of Insurance:			NOT COVERED	in the aggregate								
	\$ 0	each	claim under Insu	ring Agreement A (Insured Persons)								
Deductibles:	\$ 5,000	each	claim under Insu	ring Agreement B (Indemnification)								
\$ <u>5,000</u>			each claim under Insuring Agreement C (Organization)									
Retroactive Date:			N/A									
Prior or Pending Date:			10-06-2012									
Continuity Date:			10-06-2012									

Forms and endorsements applicable to this coverage part:

ML105 01/18 NONPROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY COVERAGE

ML 505 01 16 Page 1 of 2

08-03-2018 06:20

ML 505 01 16 Page 2 of 2