

KAJOHNSON

DATE (MM/DD/YYYY) 06/27/2018

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.

	is certificate does not confer rights				ıch end	dorsement(s)	j.	•		t. As	tatement on	
	DUCER				CONTACT Lee Patrick, CISR, AAI, CRIS, MLIS PHONE (070) 500 4400 4040							
124	Meter Insurance Group Fairway Street Iling Green, KY 42103				PHONE (A/C, No, Ext): (270) 529-1406 4212 FAX (A/C, No): (270) 467-E-MAIL ADDRESS: Ipatrick@vanmeterins.com							
DOV	mig Green, KT 42103				ADDRE			RDING COVERAGE			NAIC #	
					INSLIDE	14621						
INSL	RED				INSURER A: Motorists Mutual Insurance Company 1462 INSURER B:							
	Western Kentucky Universi	ty			INSURE							
	Attn: Dept of Purchasing 1906 College Heights Blvd				INSURE							
	Bowling Green, KY 42101				INSURE	RE:						
					INSURE							
СО	VERAGES CEF	RTIFI	CATE	E NUMBER:				REVISION NUM	/IBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT SED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,, <u>.</u>	,,	EACH OCCURRENCE	CE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occu	ED urrence)	\$		
								MED EXP (Any one	,	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:							COMBINED SINGLE	LIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$	1,000,000	
	X ANY AUTO SCHEDULED			3330351800		07/01/2018	07/01/2019	BODILY INJURY (Pe	•	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED							BODILY INJURY (Pe	er accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
	LIMPRELLALIAR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	:						EACH OCCURRENCE	CE	\$		
	DED RETENTION\$	1						AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
					THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.				
						RIZED REPRESE		Ze.				

Evidence of Coverage



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							terms and conditions of				require an endorsemer	it. As	tatement on			
	this certificate does not confer rights to the certificate holder in lieu of PRODUCER Van Meter Insurance Group										AAI, CRIS, MLIS					
Van	Met	ter Insurance C	βrοι	ıp					o, Ext): (270) 5			(270)	467-1317			
		irway Street 3 Green, KY 42	103					E-MAIL	ss: lpatrick	@vanmeter	ins.com	(2.0)	401 1011			
201	9	, O.C., IV. 42	.00					ADDRE			RDING COVERAGE		NAIC #			
								INSURE	14621							
INSL	RED							INSURE	14021							
				tucky Universi	ty			INSURE								
				f Purchasing Heights Blvd				INSURE								
				en, KY 42101				INSUR								
		3		- ,				INSURER F:								
СО	VER	RAGES		CEF	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		'			
IN C	IDIC.	ATED. NOTWIT	THS	TANDING ANY F SSUED OR MAY	REQU PER	IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPI SED HEREIN IS SUBJECT	ECT TO	WHICH THIS			
INSR LTR		TYPE OF I	NSU	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
		COMMERCIAL GE	ENER	AL LIABILITY							EACH OCCURRENCE	\$				
		CLAIMS-MAI	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
											MED EXP (Any one person)	\$				
											PERSONAL & ADV INJURY	\$				
	GEI	N'L AGGRE <u>GAT</u> E LI	MIT A	AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$				
		POLICY PF	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$				
		OTHER:										\$				
Α	ΑU	TOMOBILE LIABILIT	ГΥ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X	ANY AUTO					3330351800		07/01/2018	07/01/2019	BODILY INJURY (Per person)	\$				
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
												\$				
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	\$				
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$				
		DED RETE		•							DED OTH	\$				
	WOR	RKERS COMPENSA EMPLOYERS' LIAE	TION	l Y Y/N							PER OTH- STATUTE ER					
	OFF	PROPRIETOR/PARTICER/MEMBER EXC	TNEF	R/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	(Mai	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE	\$				
	DÉS	CRIPTION OF OPE	RATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$				
DES	CRIPT	TION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requi	red)					
CF	CERTIFICATE HOLDER								CANCELLATION							
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
			e In:	d/b/a JM Lexus surance Servic				AUTHORIZED REPRESENTATIVE								



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	SUBROGATION IS WAIVED, subjecting subjections to subject the subject is certificate does not confer rights to							require an endo	orsemen	t. As	tatement on		
PRO	DUCER				CONTACT Lee Patrick, CISR, AAI, CRIS, MLIS								
124	Meter Insurance Group Fairway Street				PHONE (A/C, No, Ext): (270) 529-1406 4212 FAX (A/C, No): (270) 467 E-MAIL ADDRESS: Ipatrick@vanmeterins.com						467-1317		
Bov	ling Green, KY 42103				ADDRE			RDING COVERAGE			T		
						NAIC#							
					INSURE	14621							
INSU	RED Western Kentucky Universit	v			INSURE								
	Attn: Dept of Purchasing	•			INSURE								
	1906 College Heights Blvd Bowling Green, KY 42101				INSURE								
	Bowling Green, KT 42101				INSURER E : INSURER F :								
<u></u>	VERAGES CER	TIEI	^ A TE	NUMBER:	INSURE	KF:		REVISION NUM	IDED.				
TI IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI	F INS IREME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOV R DOCUMENT WIT ED HEREIN IS SU	VE FOR T	CT TC	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
	COMMERCIAL GENERAL LIABILITY	IIIOD				(IIIIIII)	(MINIOD) TTTT	EACH OCCURRENC	E	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$			
								MED EXP (Any one p		\$			
								PERSONAL & ADV I	NJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$			
	OTHER:									\$			
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000		
	X ANY AUTO			3330351800		07/01/2018	07/01/2019	BODILY INJURY (Pe	r person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$							PER	OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA E					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
Spe	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Cified Vehicles include Comprehensive day Notice of Cancellation applies for	and (Collis	sion Coverage with \$250 De	ile, may b eductib	e attached if mor	re space is requir	ed)					
CE	RTIFICATE HOLDER				CANO	CELLATION							
					SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
	Miami-Dade County 111 NW 1 Street, Suite 2340						AUTHORIZED REPRESENTATIVE						

Miami, FL 33128



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	DUCER	_	_		CONTACT Lee Patrick, CISR, AAI, CRIS, MLIS								
	Meter Insurance Group 0 Fairway Street				PHONE (A/C, No, Ext): (270) 529-1406 4212 FAX (A/C, No): (270) 467-1317								
	vling Green, KY 42103				E-MAIL ADDRE	ss: Ipatrick@	@vanmeter	ins.com					
					INSURER(S) AFFORDING COVERAGE						NAIC #		
					INSURE	14621							
INSU	JRED				INSURE								
	Western Kentucky University Attn: Dept of Purchasing	y			INSURE								
	1906 College Heights Blvd				INSURE	R D :							
	Bowling Green, KY 42101				INSURE								
					INSURER F:								
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUME	BER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUB	RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3			
	CLAIMS-MADE OCCUR					,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre) ence)	\$ \$			
								MED EXP (Any one per		\$			
								PERSONAL & ADV INJ	JURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C		\$			
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$	1,000,000		
	X ANY AUTO			3330351800		07/01/2018	07/01/2019	BODILY INJURY (Per p	person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$							DED		\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM	IPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$			
DES Meti liabi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ropolitan Government of Nashville and E lity additional insured endorsement and	ES (A Davio I auto	ACORE Ison omob	D 101, Additional Remarks Schedu County, its officials, office pile liability endorsement.	le, may b	e attached if mo loyees, and v	re space is requi volunteers ar	^{red)} e named as additio	onal insu	ured's	per general		
CE	RTIFICATE HOLDER				CANCELLATION								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Purchasing Agent, Metropoli Davidson County Metro Courthouse	itan	Gove	ernment of Nashville and		RIZED REPRESE	ENTATIVE LECK	e Le					

Nashville, TN 37201



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	his certificate does not confer rights t	o me	CEIL	incate notuer in fleti of St				AAL CRIS MILIS					
1	DDUCER n Meter Insurance Group				CONTACT Lee Patrick, CISR, AAI, CRIS, MLIS PHONE (270) 520 1406 4242								
124	10 Fairway Street Wling Green, KY 42103				PHONE (A/C, No, Ext): (270) 529-1406 4212 FAX (A/C, No): (270) 467-1317 E-MAIL ADDRESS: Ipatrick@vanmeterins.com								
	9 0.00,00				ADDKL		NAIC#						
					INSURI	14621							
INSU	URED				INSURER A: Motorists Mutual Insurance Company 1 INSURER B:								
	Western Kentucky Universi	ty			INSURER C :								
	Attn: Dept of Purchasing				INSURER D :								
	1906 College Heights Blvd Bowling Green, KY 42101				INSURER E :								
					INSURER F:								
CO	OVERAGES CEF	TIFIC	CATE	E NUMBER:				REVISION NUMBER:					
T IN C	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES O REQU PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	O WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS				
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
								MED EXP (Any one person)	\$				
								PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$				
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000			
Α	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000			
	X ANY AUTO SCHEDULED			3330351800		07/01/2018	07/01/2019	BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$							PER OTH-	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYER	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
by c	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC S J.M. Smucker Company, its subsidiarie or on behalf of the named insured in the he certificate holder.												
CE	RTIFICATE HOLDER				CANCELLATION								
	The LM Smusker Commen				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								
	The J.M. Smucker Company Attn: Justin Hite 1 Strawberry Lane	•											

Orrville, OH 44667