

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: Sheehan Hutchison Keenan
6805 Avery Muirfield Dr #200
Dublin OH 43016-7183
Phone: 614-764-7000 Fax: 614-764-7227

INSURED: B & T ROOFING LTD
26 ISRAEL ST
WESTERVILLE OH 43081

INSURERS AFFORDING COVERAGE: GRANGE INSURANCE

INSURER A: 14060
INSURER B:
INSURER C:
INSURER D:
INSURER E:

DATE (MM/DD/YYYY): 01/11/10
POLICY NO.: CPP 2625701

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE: GRANGE INSURANCE

INSURER A: 14060
INSURER B:
INSURER C:
INSURER D:
INSURER E:

INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <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"/> PROJ. <input type="checkbox"/> LOC	CPP 2625701	01/01/10	01/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 DED. \$ 2,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> TRIPLE AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CPP 2625701	01/01/10	01/01/11	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	CPP 2625701	01/01/10	01/01/11	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> Y/N <input type="checkbox"/> OFF-FACILITY MEMBER EXCLUDED <input type="checkbox"/> (Member in NY) SPECIAL PROVISIONS below	CPP 2625701	01/01/10	01/01/11	OW STATUS: <input checked="" type="checkbox"/> OTHER E/L EACH ACCIDENT \$ 1,000,000 E/L DISEASE - EA EMPLOYEE \$ 1,000,000 E/L DISEASE - POLICY LIMIT \$ 1,000,000
Equipment Leased/Rented	CPP 2625701	01/01/10	01/01/11	\$ 75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CITY/COUNTY: CINCINNATI

CITY OF COLUMBUS
LICENSE SECTION
103 N FRONT ST
COLUMBUS OH 43215

ACORD 25 (2009/01)

THE ACORD name and logo are registered marks of ACORD

Ohio Bureau of Workers' Compensation

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Period Specified Below

Policy No. and Employer: 1236780
01/01/2010 Thru 08/31/2010

B & T ROOFING LTD.
26 ISRAEL ST
WESTERVILLE, OH 43081-1010

OHIOBWC.COM

Administrators: *Maude P. Ryan*

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

You must post this language with the certificate of premium payment.

Ohio Bureau of Workers' Compensation