

CERTIFICATE OF LIABILITY INSURANCE

LEGAACT-01 DSTALTER

12/29/2016

500,000

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).

PRODUCER

Robertson Ryan - Milwaukee
330 East Kilbourn Avenue, Suite 650

Milwaukee, WI 53202

| CONTACT | PHONE | IAC. No. Ext); (414) 271-3575 | FAX | (A/C, No): (414) 271-0196 | IAC. No. Ext); (414) | IAC. No. Ext); (415) | IAC. No. Ext); (416) | IAC. No. Ext); (417) | IAC. No. Ext); (418) | IAC. No. Ext); (419) | IAC. No. Ext);

Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202 INSURER(S) AFFORDING COVERAGE **INSURER A: National Fire Insurance Company of Hartford 20478** INSURED INSURER B : CONTINENTAL CASUALTY COMPANY 20443 INSURER C: Valley Forge Insurance Company 20508 Legal Action of Wisconsin, Inc 230 W Wells St, Suite #800 INSURER D : Milwaukee, WI 53203 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. ADDLISUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1.000.000 DAMAGE TO RENTED PREMISES (Ea occurrence) 6011211231 01/01/2017 01/01/2018 300,000 OCCUR X CLAIMS-MADE 10,000 MED EXP (Any one person)

1.000.000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-2,000,000 PRODUCTS - COMP/OP AGG | \$ OTHER OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 01/01/2017 01/01/2018 BODILY INJURY (Per person) Α Х 6011211231 ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS UMBRELLA LIAB X OCCUR 2,000,000 EACH OCCURRENCE **EXCESS LIAB** 6011211245 01/01/2017 01/01/2018 2,000,000 В CLAIMS-MADE **AGGREGATE** 10,000 DED X RETENTIONS WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 6011211293 01/01/2017 01/01/2018 500,000 Х E L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as an additional insured on the General Liability and Auto Liability. Waiver of Subrogation for Workers Compensation in favor of Milwaukee County.

6011211231

Notice of Cancellation is 30 days, except 10-days for nonpayment of premium.

CERTIFICATE HOLDER	
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Milwaukee County c/o Milwaukee Co Dept of Aging 1220 W Vliet St, Suite 302 Milwaukee, WI 53205 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

CANCELLATION

Lear Rtylamount

01/01/2017 | 01/01/2018 | Limit

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Crime