



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/30/11

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| <b>PRODUCER</b> Morrow Insurance Agency<br>201 Nelson Park Boulevard<br>Decatur, IL 62521<br>Phone (217) 423-1200 Fax (217) 423-1201 | <b>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.</b> |               |
|  | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: Columbia Mutual Ins. Co.<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:  | <b>NAIC #</b> |

**INSURED** Steve Rhodes dba Rhodes Maintenance  
 4771 Hayden Drive  
 Decatur, IL 62521

**COVERAGES**

THE POLICIES OF INSURANCE LISTED 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 OF MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                 | ADD'L INSRD              | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |            |
|--------------------------|--------------------------|---|---------------|----------------------------------|-----------------------------------|---|------------|
| A                        | <input type="checkbox"/> | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | CTPIL41437    | 11/07/10                         | 11/07/11                          | EACH OCCURRENCE   | \$300,000. |
|                          |                          | DAMAGE TO RENTED PREMISES (Ea occurrence)   |               |                                  |                                   | \$100,000.  |            |
|                          |                          | MED EXP (Any one person)  |               |                                  |                                   | \$5,000.  |            |
|                          |                          | PERSONAL & ADV INJURY   |               |                                  |                                   | \$300,000.  |            |
|                          |                          | GENERAL AGGREGATE   |               |                                  |                                   | \$600,000.  |            |
|                          |                          | PRODUCTS - COMP/OP AGG  |               |                                  |                                   | \$600,000.  |            |
|                          |                          |   |               |                                  |                                   |   |            |
| A                        | <input type="checkbox"/> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON OWNED AUTOS<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____   | CAPIL41437    | 11/07/10                         | 11/07/11                          | COMBINED SINGLE LIMIT (Ea accident)   | \$300,000. |
|                          |                          | BODILY INJURY (Per person)  |               |                                  |                                   |   |            |
|                          |                          | BODILY INJURY (Per accident)  |               |                                  |                                   |   |            |
|                          |                          | PROPERTY DAMAGE (Per accident)  |               |                                  |                                   |   |            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> _____  |               |                                  |                                   |   |            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                  |                                   |   |            |
|                          |                          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |            |
|                          |                          | <b>OTHER</b>  |               |                                  |                                   | E.L. EACH ACCIDENT  |            |
|                          |                          |   |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE  |            |
|                          |                          |   |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT   |            |

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

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| <b>CERTIFICATE HOLDER</b><br><br>Stoney Creek Hospitality<br>P.O. Box 1721<br>Mason City, IA 50402-1721<br>641-424-5241<br>Fax: 1-641-424-3157 Jason Johnson | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br>David G. Morrow |
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.