



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/31/2024

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	CONTACT NAME: Insurance Agent Contact Name
Insurance Agency Name	PHONE (A/C, No, Ext): Phone #
Street Address	FAX (A/C, No):
City, State, Zip Code	E-MAIL ADDRESS: E-Mail Address of Agent
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED

Sub-Contractor Name
Street Address
City, State, Zip Code

Insured name needs to match W9 provided

COVERAGES CERTIFICATE NUMBER: 677988308 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	Y	Y		12/31/2024	12/31/2025	EACH OCCURRENCE \$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	CLAIMS-MADE	X					MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY	X					
	PROJECT	X					
	LOC						
	AUTOMOBILE LIABILITY	Y	Y		12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
X	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
X	HIRED AUTOS	X					PROPERTY DAMAGE (Per accident) \$
							\$
X	UMBRELLA LIAB				12/31/2024	12/31/2025	EACH OCCURRENCE \$1,000,000
	EXCESS LIAB						AGGREGATE \$1,000,000
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y		12/31/2024	12/31/2025	X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$500,000
							E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

OnPoint Group, LLC and their subsidiaries, all affiliates, officers, directors and employees are included as Additional Insureds per forms CG2010 and CG2037 as respects to General Liability. Waiver of Subrogation applies for General Liability, Automobile Liability, and Workers Compensation. Coverage is primary and non-contributory. All policies subject to 30 days notice of cancellation, except 10 days for non-payment of premium.

Description of operations needs to match, unless state has statutory requirements

CERTIFICATE HOLDER	CANCELLATION
OnPoint Group, LLC, etal. Miner Ltd. 3235 Levis Commons Blvd. Perrysburg OH 43551	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
	Your Authorized Signature

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