



Fitzgibbons
Arnold & Co.

*Teaching our clients to
be better insurance
consumers.*

February 21, 2017

Jain Society of Greater Cleveland
3226 Boston Mills Road
Richfield, OH 44286

RE: Directors & Officers Liability Policy Number: PHSD1219333
Effective 03/24/17 to 03/24/18

Dear Mr. Jain,

Enclosed please find the above captioned renewal policy written with Philadelphia Insurance Co. effective 03/24/17. Please take a moment to review your policy and should you have any questions, please do not hesitate to contact our office.

As you know, you will be billed directly from Philadelphia Insurance Co. for the premium due.

We appreciate the opportunity to provide this very important insurance coverage.

Sincerely,

Nicki Nemeth
Account Manager

Enclosure



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company COMMON POLICY DECLARATIONS

Policy Number: PHSD1219333

Named Insured and Mailing Address:

Jain Society of Greater Cleveland (
3226 Boston Mills Rd
Richfield, OH 44286-9455

Producer: 20542

FITZGIBBONS ARNOLD & COMPANY AGEN
25730 First Street
P.O. BOX 45520
CLEVELAND, OH 44145

Policy Period From: 03/24/2017 **To:** 03/24/2018

(440)892-3636

at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Non-Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	
Workers Compensation	
Flexi Plus Five	2,006.00
Total	\$ 2,006.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)


Secretary


President and CEO



CERTIFICATE OF LIABILITY INSURANCE

JAINS-3 OP ID:
DATE (MM/DD/YYYY)
09/09/2015

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 Fitzgibbons Arnold & Company P.O. Box 45520 Cleveland, OH 44145-0520 Real Estate 610 LLC	CONTACT NAME: Real Estate 610 LLC PHONE (A/C, No, Ext): 800-837-3640 FAX (A/C, No): E-MAIL ADDRESS: sjain@fitzarn.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : The Hartford NAIC # 29424	
INSURER B :	
INSURER C :	
INSURER D :	
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			45SBAZT9234	09/28/2015	09/28/2016	EACH OCCURRENCE \$ 2,000,
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,
							PERSONAL & ADV INJURY \$ 2,000,
							GENERAL AGGREGATE \$ 4,000,
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 4,000,
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			45SBAZT9234	09/28/2015	09/28/2016	EACH OCCURRENCE \$ 1,000,
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,
	<input type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER For Informational Purposes Only XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXXXXXX	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. AUTHORIZED REPRESENTATIVE
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Pay Online: www.thehartford.com/servicecenter

For Billing Questions and Address Changes Call:

1-866-467-8730

7 a.m. to 7 p.m. Central Time (Mon – Fri)

Report Claims 24 hours a day: 1-800-327-3636

Bill Date: 09/28/17

Billing Account #: 13014747

Current Balance: \$3,802.00

Minimum Due: \$3,802.00

Due Date: 10/13/17

If your payment is not received by the due date, a late fee of \$30.00 will be assessed.

Named Insured: JAIN SOCIETY OF GREATER

Your Agent: FITZGIBBONS ARNOLD & COMPANY AGCY

For Certificates of Insurance, Policy Changes or Coverage questions call: 1-440-892-3636

ACCOUNT SUMMARY

Previous Account Balance	\$4,098.00
Payments & Adjustments	\$0.00
Premium Activity	-\$326.00
New Fee(s)	\$30.00
Account Balance	\$3,802.00

IMPORTANT MESSAGES

- Your Account is PAST DUE. Please make your payment so that it is received prior to the due date shown above. Otherwise, a policy or policies in this account may be subject to cancellation. If this account qualifies for equal installments and payment is not received by the due date it will no longer qualify. Renewal policies in this account will then bill using your original installment plan, requiring a higher down payment.

TRANSACTION DETAILS (since your last bill)

Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
09/28/17	Late Fee					\$30.00
09/21/17	Endorsement #01	45SBAZT9234	Business Owners		-\$326.00	
TOTALS				\$0.00	-\$326.00	\$30.00

PAID ON 10-3-17 \$ 3772.00

Thank you for selecting The Hartford. We appreciate your business.

Please detach here and insert with your payment. Write the account number on the check and make payable to **The Hartford.**

Check below and **complete reverse side** to request:

Address Changes

Account Number: **13014747**

Amount Enclosed: _____

Payment Due Date	10/13/17
Current Balance	Minimum Due
\$3,802.00	\$3,802.00

Mail Payments To:

The Hartford
P O Box 660916
Dallas, TX 75266-0916



MB 01 000714 62926 E 7 A

JAIN SOCIETY OF GREATER
CLEVELAND
3226 BOSTON MILLS ROAD
RICHFIELD, OH 44286-9455

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