



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2025

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 have ADDITIONAL INSURED provisions or 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 Arthur J. Gallagher Risk Management Services, LLC 1601 Alliant Avenue Louisville KY 40299	CONTACT NAME: Paula Halpin PHONE (A/C, No, Ext): 502-415-7062 E-MAIL ADDRESS: paula_halpin@ajg.com		FAX (A/C, No): 502-415-7001
	INSURER(S) AFFORDING COVERAGE		
INSURED South Western Communications, Inc. 4871 Rosebud Lane Newburg, IN 47630	INSURER A : Zurich American Insurance Company		NAIC # 16535
	INSURER B : AXIS Surplus Insurance Company		26620
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER: 684129626

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$0 Retention GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GLO 0244268-06	3/1/2025	3/1/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 0 Retention			BAP 0244269-06	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			P-001-000288768-06	3/1/2025	3/1/2026	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 0244267-06	3/1/2025	3/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 OTHER EXCESS LIABILITY

Excess Liability-Westfield Specialty Insurance Company
 Policy # XSL-00004XW-03
 3/1/25-3/1/26
 Limits Shown Are Excess of the Axis \$3,000,000 Umbrella
 \$5,000,000 Each Occurrence Limit
 \$5,000,000 General Aggregate Limit
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Dekalb County School District 1701 Mountain Industrial Blvd. Stone Mountain GA 30083 USA	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED South Western Communications, Inc. 4871 Rosebud Lane Newburg, IN 47630	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

\$5,000,000 Products & Completed Operations Aggregate Limit

Excess Liability-TRAVELERS EXCESS AND SURPLUS LINES COMPANY
Policy #EX-A9301226-25-NF
3/1/25-3/1/26
Limits Shown Are Excess of the Axis and Westfield \$8,000,000 Umbrella's
\$7,000,000 Each Occurrence Limit
\$7,000,000 General Aggregate Limit
\$7,000,000 Products & Completed Operations Aggregate Limit

Certificate holder and additional entities listed (if any) are included as Additional Insured on the General Liability and Auto policies, as per endorsement # U-GL-1175F C, edition 04/13 & U-CA-424-F CW, edition 04/14 respectively.
The insurance provided in the General Liability and Auto policies is primary and any other insurance shall be excess only, and not contributing per endorsement # U-GL-1175F C, edition 04/13; U-CA-424-F CW, edition 04/14 respectively.
Certificate holder is included as Loss Payee on the Auto policy per endorsement CA 2001, edition 10/13. Auto Hired Car Physical Damage \$100 Comprehensive/\$500 Collision deductibles apply. Auto tractor Comprehensive \$1,000/Collision \$1,000 deductibles apply. All others Comprehensive \$250/\$500 Collision deductibles. Umbrella Policy is follow form.
The Producer will endeavor to mail 30 days written notice to the Certificate Holder named on the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms. Waiver of Subrogation included on the General Liability, Auto and Workers Compensation policies, per endorsement GL-1114A CW, edition 4/13; U-CA-424-F CW, edition 04/14 and WC 00 03 13, edition 4/84 respectively. The Umbrella is follow form.