

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/08/2015

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS

		subject to the terr holder in lieu of s			he po	olicy, certain policies may requ	iire an en	dorsement. A	statement on t	his certificate do	es not conf	er righ	s to the	
PRODUCER Simply Business						CONTAC NAME:	Sir	Simply Business						
		1 Beacon Street					PHONE		FAX		FAX (A/C, No):			
		15th Floor	02400				E-MAIL			nplybusiness.				
Boston, MA 02108							ADDRES		URER(S) AFFORI				NAIC#	
													44521#	
INSURED CHAMPRALLY LTD							INSURER B:							
321 S. Boston Tulsa 74103								INSURER C : INSURER D : INSURER E :						
								INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:						
NOTV ISSUE SUCH	VITHS ED OI	STANDING ANY R R MAY PERTAIN,	REQUIREMENT, THE INSURANC	TERM E AFF BEEN	OR CO ORDE REDI	CE LISTED BELOW HAVE BEEN ONDITION OF ANY CONTRACT D BY THE POLICIES DESCRIB UCED BY PAID CLAIMS.	OR OTH	IER DOCUMEN	IT WITH RESPI	ECT TO WHICH T	HIS CERTII	FICATE	MAY BE	
INSR LTR		TYPE OF INSURANCE			DL SU	JBR IVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)					
A X	co	COMMERCIAL GENERAL LIABILITY				CVBW5483110>	Œ4	03/08/2015	03/08/2015	EACH OCCURREN	CH OCCURRENCE \$10		00,000	
	CLAIMS-MADE X OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)		\$400,000		
												\$50,000		
										PERSONAL & ADV	/ INJURY	\$11,C	00,000	
GI	N'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGRE	GATE	\$25,0	00,000	
X	X POLICY PRO- OTHER:									PRODUCTS - Fina	ncial Asset	\$200	000,000	
Al	_	IOBILE LIABILITY								COMBINED SINGL (Ea accident)	E LIMIT			
	ANY AUTO									BODILY INJURY (F	Per person)			
		WNED JTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (F	Per accident)			
	HIF	RED JTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE			
	LIM	MBRELLA LIAB												
	- 01	WIDKELLA LIAD	OCCUR							EACH OCCURREN	NCE			
	EX	(CESS LIAB	CLAIMS-M	ADE						AGGREGATE				
1446	DED RETENTION									I DED	LOTU			
AND EN		ERS COMPENSATION MPLOYERS' LIABILITY Y/N								PER STATUTE	OTH- ER	ļ		
AN	NYPROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDE	ENT			
					Α									
lf y	es, de:	describe under RIPTION OF OPERATIONS below												
DÉ					+					E.L. DISEASE - PO	DLICY LIMIT	-		
	PR													
										AGGREGATE				
(Ma If y DE	OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL					RD 101, Additional Remarks Sched	lule, may b	e attached if mo	re space is requi	EACH CLAIM AGGREGATE				
CERTI	FICA	ATE HOLDER					CANC	ELLATION						
CERTIFICATE HOLDER							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							