

Location

Street Address: 2189 N BLUE BLUFF RD
City: MARTINSVILLE
Zip: 46151

State: INDIANA
County: MORGAN

Agent

Agent: JONNA EVERROAD INS AGCY INC
ID: 13-D700-51
Office ID: AD70004

Named Insured 13-31-10335369-1 GNLB

Mailing Name: HAMPTON, HOWARD

Address: 2189 N BLUE BLUFF RD
MARTINSVILLE, IN 46151-7445

Policy Change Summary

This policy is in Active status

Policy Effective Date: 03/21/2018
Policy Expiration Date: 09/21/2018
Change Effective Date: 3/21/2018
Change Effective Time: 9:23 AM
Full Term Premium: 254.50

Current Term Changes

Item Changed	New Value	Original Value
LOCATION 1 -		
Additional Interest (JEFFERY DAMES)	Added	
Type	CERTIFICATE OF INSURANCE	
Name	JEFFERY DAMES	
Notice Type	No Notice	
Street Address	10629 STORMHAVEN WAY	
City	INDIANAPOLIS	
State	INDIANA	
Zip	46256	
Zip Extended Code	9525	
Amount of Mortgage	0	
Notify Previous Additional Interest	Y	
Pays Renewal Premium	N	

Effective 3/21/2018 9:23 AM

Mail Policy to Agent

Common X-Date

Adjust Term

Keep Same X-Date

B-10.18-B



CERTIFICATE OF INSURANCE

**SHELTER MUTUAL INSURANCE COMPANY
A MUTUAL COMPANY**

**SHELTER GENERAL INSURANCE COMPANY
A STOCK COMPANY**

Name & Address To Whom Issued:

JEFFERY DAMES
10629 STORMHAVEN WAY
INDIANAPOLIS, IN 46256-9525

Name & Address of the Named Insured:

HAMPTON, HOWARD
2189 N BLUE BLUFF RD
MARTINSVILLE, IN 46151-7445

This Certificate of Insurance neither affirmatively nor negatively amends, alters or extends the coverage afforded by the policy(s) listed. The Certificate is issued for informational purposes only and confers no rights to the certificate holder.

This is to certify that insurance policies shown below by policy number have been issued for the policy period(s) indicated:

Company	Type of Insurance	Policy Number	Policy Inception	Policy Expiration	Limits of Liability
Shelter Mutual	General Liability: <input checked="" type="checkbox"/> Premises & Operations <input checked="" type="checkbox"/> Products/Completed Operations Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13-31-10335369-1	3/21/2018	9/21/2018	\$500,000 Per Occurrence \$1,000,000 Aggregate Products/Completed Operations For: (Describe) CARPENTRY - INTERIOR - INSTALLATION OF DOORS, FLOORS, WINDOWS, CABINETS AND HARDWOOD OR PARQUET FLOORING

REMARKS:

Date 03/21/2018

By _____
Authorized Representative



SHELTER INSURANCE COMPANIES

GENERAL LIABILITY
 EVIDENCE OF INSURANCE
 AS OF 03/21/2018
 CHANGE EFFECTIVE 03/21/2018

NAME AND ADDRESS OF NAMED INSURED:
 HAMPTON, HOWARD
 2189 N BLUE BLUFF RD
 MARTINSVILLE, IN 46151-7445

AGENT:
 JONNA EVERROAD INS AGCY INC
 630 STATE RD 39 BYP
 MARTINSVILLE, IN 46151-2106
 (765) 342-1600
 AGENT NUMBER 13-D700-51

Policy Number: 13-31-10335369-1

Effective Date: 03/21/2018, 9:23 AM Central Time
Expiration Date: 09/21/2018, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE LOCATION OF THE DESCRIBED PREMISES IS 2189 N BLUE BLUFF RD MARTINSVILLE, IN 46151
 BUSINESS OF THE NAMED INSURED IS: CARPENTRY
 THE NAMED INSURED IS: INDIVIDUAL
 THE LIMIT OF THE COMPANYS LIABILITY IS STATED IN THE POLICY AND APPLIES AS FOLLOWS:

<u>Limits of Insurance</u>		
General Aggregate (Other Than Product - Completed Operations)		\$ 1,000,000
Products - Completed Operations Aggregate Limit (See Each Classification Below)		\$ 1,000,000
Personal and Advertising Injury Limit		\$ 500,000
Each Occurrence Limit		\$ 500,000
Rented To You Limit		\$ 100,000
Medical Expense Limit (Any One Person)		\$ 5,000
Premium		\$ 254.50

<u>Coverage Form and Description of Hazards</u>				
Code	Key	Description	Premium Basis	Premium
2189 N BLUE BLUFF RD MARTINSVILLE, IN 46151 (COUNTY 109)				
Premises and Operations				
91341	4	CARPENTRY - INTERIOR - INSTALLATION OF DOORS, FLOORS, WINDOWS, CABINETS AND HARDWOOD	27300	138.00
Products and Completed Operations				
91341	4	CARPENTRY - INTERIOR - INSTALLATION OF DOORS, FLOORS, WINDOWS, CABINETS AND HARDWOOD	27300	109.00

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

Limit	
CG-00-01	Commercial General Liability Coverage Form
CG-21-67	Fungi Or Bacteria Exclusion
IL-00-17	Common Policy Conditions
IL 00 21	Nuclear Energy Liability Exclusion
IL-02-72	Indiana Changes - Cancellation And Nonrenewal

TERM 06 MONTHS
 ZONE CODE 506

CERTIFICATE OF INSURANCE
 JEFFERY DAMES
 10629 STORMHAVEN WAY
 INDIANAPOLIS, IN 46256-9525

AGENT _____
 13-D700-51