



Preferred Property
Program®

Regulatory Office:
505 Eagleview Blvd. Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of
Underlying Insurance

Effective Date Of This Schedule:09/22/2025	Attached To And Forming Part Of Certificate Number:PPP7451677		
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Central Mutual Insurance Policy Number: CLP-9609239 Term: 09/22/2025 to 09/22/2026	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 2,000,000 General Aggregate (Other than Products Completed Operations) \$ 2,000,000 Product Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury	
b. Name: Central Mutual Insurance Policy Number: CLP-9609239 Term: 09/22/2025 to 09/22/2026	Automobile Liability	1,000,000 HNOA ONLY	Combined Single Limit
c. Name: Pinnacol Policy Number: 4239553 Term: 09/22/2025 to 09/22/2026	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ 1,000,000 each Accident Disease Bodily Injury by Disease \$ 1,000,000 each Policy Bodily Injury by Disease \$ 1,000,000 each Employee	
d. Name: Travelers Policy Number: 106001125 Term: 09/22/2025 to 09/22/2026	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 1,000,000 Aggregate	

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ Each Policy Bodily Injury by Disease \$ _____ each Employee
f. Name: Excluded Policy Number: Term: To	Garage Keepers Legal Liability	\$ _____ Each Occurrence
g. Name: Excluded Policy Number: Term:	Liquor Liability	\$ _____ Each Common Cause \$ _____ Aggregate Limit \$ _____ Each Occurrence
h. Name: Policy Number: Term: To	Box H <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____