

CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:																					
Education Support Purchasing Group c/o Association Insurance Management P.O. Box 742946 Dallas, TX 75374-2946																					
CERTIFICATE HOLDER (NAMED INSURED) NAME AND ADDRESS:																					
Cards Inc. 300 W. Granville Rd Worthington, OH 43085																					
			Insured # OH148887																		
The Certificate Holder is:																					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization/Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other Non-Profit																					
Location of Business: 300 W. Granville Rd Worthington, OH 43085		Business Description: Parent Teacher Organization																			
ITEM 1	COVERAGE PERIOD:	Effective: 10/18/2021 To: 10/18/2022 At 12:01 A.M. Standard Time at the mailing address of the policyholder shown above. CERTIFICATE NUMBER: GL2021PTA13832 PRIOR CERTIFICATE NUMBER: GL2020PTA03574																			
ITEM 2	INSURER: Gotham Insurance Company Master Policy Number: GL2021PTA00001																				
ITEM 3	PRODUCER NAME AND ADDRESS: AIM Association Insurance Management P.O. Box 742946 Dallas, TX 75374-2946 Surplus Lines License #1615689																				
ITEM 4	SCHEDULE OF CHARGES: <table style="width: 100%; border: none;"> <tr> <td>Commercial General Liability Premium</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">60.00</td> </tr> <tr> <td>Policy Fees</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">111.67</td> </tr> <tr> <td>Surplus Lines Tax</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">8.33</td> </tr> <tr> <td>Stamping Fee</td> <td style="text-align: right;">\$</td> <td></td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">180.00</td> </tr> </table>			Commercial General Liability Premium	\$	60.00	Policy Fees	\$	111.67	Surplus Lines Tax	\$	8.33	Stamping Fee	\$		Grand Total	\$	180.00			
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ITEM 5	SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE: COMMERCIAL GENERAL LIABILITY COVERAGE FORM <table style="width: 100%; border: none;"> <tr> <td>General Aggregate Limit (Other Than Products Completed Operations)</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Products-Completed Operations Aggregate Limit</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Personal and Advertising Injury Limit</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>Each Occurrence Limit</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Damage to Premises Rented To You Limit (Any One Premises)</td> <td style="text-align: right;">\$ 50,000</td> </tr> <tr> <td>Medical Expense Limit (Any One Person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>Medical Expense Aggregate Limit</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table> ABUSIVE CONDUCT LIMITED LIABILITY COVERAGE <table style="width: 100%; border: none;"> <tr> <td>Abusive Conduct Each Incident Limit</td> <td style="text-align: right;">\$ Not Covered</td> </tr> <tr> <td>Abusive Conduct Aggregate Limit</td> <td style="text-align: right;">\$ Not Covered</td> </tr> </table>			General Aggregate Limit (Other Than Products Completed Operations)	\$ 2,000,000	Products-Completed Operations Aggregate Limit	\$ 2,000,000	Personal and Advertising Injury Limit	\$ 1,000,000	Each Occurrence Limit	\$ 2,000,000	Damage to Premises Rented To You Limit (Any One Premises)	\$ 50,000	Medical Expense Limit (Any One Person)	\$ 5,000	Medical Expense Aggregate Limit	\$ 1,000,000	Abusive Conduct Each Incident Limit	\$ Not Covered	Abusive Conduct Aggregate Limit	\$ Not Covered
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Deductible	\$ Not Covered
Retroactive Date	Not Covered
ELECTRONIC CHATROOM/BULLETIN BOARD ACTIVITIES COVERAGE	
Each Offense Limit	\$ Not Covered
Aggregate Limit	\$ Not Covered
EMPLOYEE BENEFITS LIABILITY COVERAGE	
Each Employee Limit	\$ Not Covered
Aggregate	\$ Not Covered
Deductible (Each Employee)	\$ Not Covered
Retroactive Date	Not Covered
HIRED AND NON-OWNED AUTO LIABILITY COVERAGE	
Hired Auto Liability Limit (Per Occurrence)	\$ Not Covered
Non-Owned Auto Liability Limit (Per Occurrence)	\$ Not Covered
ITEM 6	MASTER POLICY FORMS & ENDORSEMENT SCHEDULE
Form #	Description
CG DS 01 10 01	COMMERCIAL GENERAL LIABILITY DECLARATIONS
IL 00 01 05 19	SIGNATURE PAGE
IL 00 12 07 11	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL PS 0019 10 12	SERVICE OF SUITS - GOTHAM INSURANCE COMPANY
PN 04 99 TX GOT 1119	IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
GL 06 02 06 20	AMENDED – WHO IS AN INSURED
GL 06 04 06 20	MEDICAL PAYMENTS COVERAGE
IL 30 68 06 20	MINIMUM EARNED PREMIUM
CG 21 07 05 14	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA RELATED LIABILITY – LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 09 06 15	EXCLUSION – UNMANNED AIRCRAFT
CG 21 32 05 09	COMMUNICABLE DISEASE EXCLUSION
CG 21 33 11 85	EXCLUSION – DESIGNATED PRODUCTS
CG 21 36 03 05	EXCLUSION – NEW ENTITIES
CG 21 39 10 93	CONTRACTUAL LIABILITY LIMITATION
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 53 01 96	EXCLUSION – DESIGNATED ONGOING OPERATIONS
CG 21 55 09 99	TOTAL POLLUTION EXCLUSION WITH HOSTILE FIRE EXCEPTION
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 90 01 06	EXCLUSION OF TERRORISM
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
GL 02 23 10 13	ASBESTOS EXCLUSION
GL 02 35 10 13	LEAD EXCLUSION
GL 02 89 06 13	CROSS LIABILITY EXCLUSION INCLUDING SUITS BROUGHT BY EMPLOYEES
GL 03 19 06 14	EXCLUSION – PUNITIVE DAMAGES
GL 04 06 03 15	ABUSIVE CONDUCT EXCLUSION
GL 05 42 03 19	DEFENSE COSTS INCLUDED WITHIN LIMITS OF LIABILITY
GL 05 65 04 19	RADON EXCLUSION
GL 06 05 06 20	MOBILE EQUIPMENT EXCLUSION AMENDED
GL 06 07 06 20	PYROTECHNICS AND EXPLOSIVES EXCLUSION
GL 06 08 06 20	NON-STACKING OF LIMITS
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

