

**PREMIUM SUMMARY FOR COLUMBUS OFFICE SOLUTIONS LLC**

<b>Policy Description</b>	<b>2011-2012 Expiring Annual Premium/Fee</b>	<b>2012-2013 Proposed Annual Premium/Fee</b>
Property	\$30	\$
General Liability	\$265	\$
Auto	\$6323	\$
Umbrella	\$500	\$
<b>TOTAL</b>	<b>\$7,118</b>	<b>\$</b>

**NOTES:**

- Direct Billed:

**COMMERCIAL PROPERTY COVERAGE**

Company Name: Ohio Casualty Insurance Co  
Policy Number: CBP8093105  
Policy Term: 11/18/2011 to 11/18/2012

**Premises Number: 1**  
**Street Address: 3700 Sullivant Ave., Columbus, OH, 43228**

BLDG #	COVERAGE	CAUSE OF LOSS	VALUATION	COINS %	LIMIT	DED
1	Business Personal Property	Special (Including Theft)	Replacement Cost Including Stock	100	\$1,030	\$500

**FORMS, CONDITIONS & EXCLUSIONS**

(This is not a complete listing of all policy endorsements and/or exclusion)

**COMMERCIAL GENERAL LIABILITY**

Coverage Type: Occurrence Form

COVERAGE	LIMIT
Each Occurrence – Bodily Injury and Property Damage	\$1,000,000
General Aggregate	\$2,000,000
Products and Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Rented Premises (each occurrence)	\$100,000
Medical Expense (any one person)	\$5,000

(S) GROSS SALES – PER \$1,000/SALES

(P) PAYROLL – PER \$1,000/PAYROLL

(T) OTHER

(A) AREA – PER 1,000/SQ. FT.

(C) TOTAL COST – PER \$1,000/COST

(R) RECEIPTS

(M) ADMISSIONS – PER 1,000/ADM

(U) UNIT – PER UNIT

(G) GALLONS

Classification	Class Code	Basis	Estimated Exposure
Office Machines-Installation, inspection	98111	P	75,000
Employers Liability	92400	P	75,000

**EMPLOYER'S LIABILITY – OHIO STOP GAP COVERAGE**

COVERAGE	LIMIT
Per Accident Limit	\$1,000,000
Per Disease – Policy Limit	\$1,000,000
Per Disease – Each Employee Limit	\$1,000,000

**FORMS, CONDITIONS & EXCLUSIONS**

(This is not a complete listing of all policy endorsements and/or exclusions)

- GL Extension Endt

**COMMERCIAL AUTOMOBILE**

Company Name: Ohio Casualty Insurance Co  
Policy Number: BA8093705  
Policy Term: 11/18/2011 to 11/18/2012

COVERAGE	LIMIT	SYMBOL
Combined Single Limit – Bodily Injury & Property Damage (Includes Hired and Non-Owned Auto Liability for Named Insureds)	\$1,000,000	1
Medical Payments	\$5,000	2
Uninsured Motorist	\$500,000	2
Underinsured Motorists	\$500,000	2
Hired & Non-Owned Liability	\$1,000,000	8,9

**FORMS, CONDITIONS & EXCLUSIONS**

(This is not a complete listing of all policy endorsements and/or exclusion)

**DEFINITION OF SYMBOLS**

- |   |  |
|---|--|
| 1 | Any Auto   |
| 2 | Owned Autos Only   |
| 3 | Owned Private Passenger Autos Only                         |
| 4 | Owned Autos Other Than Private Passenger Autos Only        |
| 5 | Owned Autos Subject to No-Fault                            |
| 6 | Owned Autos Subject to a Compulsory Uninsured Motorist Law |
| 7 | Specifically Described Autos                               |
| 8 | Hired Autos Only   |
| 9 | Non-owned Autos Only                                       |

**UMBRELLA LIABILITY**

Company Name: Ohio Casualty Insurance Co  
 Policy Number: CU8094505  
 Policy Term: 11/18/2011 to 11/18/2012

COVERAGE	LIMIT
Each Occurrence	\$1,000,000
Aggregate	\$1,000,000
Self-Insured Retention (applies if no underlying coverage)	\$0
Occurrence First Dollar Defense	

**UNDERLYING INSURANCE INFORMATION**

Commercial General Liability

EACH OCCURRENCE	GENERAL AGGREGATE	PRODUCTS/OPERATIONS AGGREGATE	PERSONAL & ADVERTISING INJURY
\$1,000,000	\$2,000,000	\$2,000,000	\$1,000,000

Employers Liability

EACH ACCIDENT	DISEASE EACH EMPLOYEE	DISEASE POLICY LIMIT
\$1,000,000	\$1,000,000	\$1,000,000

Auto Liability

COMBINED SINGLE LIMIT	SYMBOL 1
\$1,000,000	

**FORMS, CONDITIONS & EXCLUSIONS**

(This is not a complete listing of all policy endorsements and/or exclusion)

### COMMERCIAL VEHICLE SCHEDULE

#	Year	Make	Model	VIN	Liability	Uninsured	Med Pay	Comprehensive Theft Collision	Collision
1	2001	Chevy	Astro	1GNDM19W31B120570	Y	Y	Y	\$500	\$1,000
2	2002	Chevy	Astro	1GCDM19X02B117662	Y	Y	Y	\$500	\$1,000
3	2007	Chevrolet	Uplander	1GNDV23107D207968	Y	Y	Y	\$500	\$1,000
4	2007	Chevrolet	Uplander	1GNDV23107D207310	Y	Y	Y	\$500	\$1,000
5	2004	Chevrolet	G30 Express Cargo	1GBJG31U541134395	Y	Y	Y	\$500	\$1,000

### COMMERCIAL DRIVER SCHEDULE

DRIVER NAME	LICENSE #	BIRTH DATE	GENDER	STATE LICENSED
Geiger, Randy	RT190997	11/02/1974	M	OH
Hamilton, Reber J	RM089046	09/15/1951	M	OH
Hyll, Mark	RD345807	08/08/1958	M	OH
Kamer, Jeff	RN398909	05/20/1967	M	OH
Terrell, Eugene R II	RU710988	12/30/1972	M	OH
Miller, Mike	RQ405101	11/29/1967	M	OH
Miller, Robert S	RQ405244	12/12/1965	M	OH
Sopher, William	RN373264	04/17/1964	M	OH
White, Earl F Jr.	RS737530	06/16/1959	M	OH