



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: 12/12/2024					
	UNDERLYING INSURER	TYPE OF COVERAGE		rs of liability	
a.	Name: CAU/American Alternative Insurance Corporation	Commercial General Liability	\$ 1,000,000	each <b>Occurrence</b>	
	Policy Number: CAU505106-3	☐ Claims Made	\$ None	General Aggregate	
	Term: 12/12/2024 to 12/12/2025	⊠ Occurrence	\$ 1,000,000	ucts Completed Operations)  Products Completed Operations Aggregate	
			\$ 1,000,000	Personal and Advertising Injury	
b.	Name: CAU/American Alternative	Automobile Liability	\$1,000,000 C	ombined Single Limit	
	Insurance Corporation Policy Number: CAU505106-3		HNOA Only		
	Term: 12/12/2024 to 12/12/2025				
C.	Name: PMA Insurance Group	Employers' Liability Coverage B – Bodily Injury b		•	
	Policy Number: 2024010838193Y		\$ 1,000,000  Bodily Injury by Diseas	each Accident Disease	
	Term: 12/12/2024 to 12/12/2025		\$ 1,000,000 ea Bodily Injury by Diseas	ach Policy	
d.	Name: Great American Insurance Company	Directors & Officers Liability	1,000,000	don Employee	
	Policy Number: EPP4063938-11	Ճ Claims Made	\$ 1,000,000 ea	ach Occurrence	
	Term: 12/12/2024 to 12/12/2025	□ Occurrence	\$ 1,000,000 A	ggregate	
e.	Name: Excluded	Stop Gap Employers' Liability	Bodily Injury by Accide		
	Policy Number:		\$ 0 each Accident Disease  Bodily Injury by Disease		
	Term:		Bodily Injury by Diseas	ach Policy se ach Employee	

	UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
f.	Name:		\$
	Policy Number: Term:	☐ Claims Made ☐ Occurrence	\$
			\$