



Regulatory Office:
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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: 05/10/2025		Attached To And Forming Part Of Certificate Number: PPP7486651L	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Southern-Owners Insurance Company Policy Number: 20624505 Term: 05/10/2025 to 05/10/2026	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 2,000,000 each Occurrence \$ 2,000,000 General Aggregate (Other than Products Completed Operations) \$ 2,000,000 Product Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury	
b. Name: Southern-Owners Insurance Company Policy Number: 20624505 Term: 05/10/2025 to 05/10/2026	Automobile Liability	2,000,000 Combined Single Limit HNOA ONLY	
c. Name: Excluded Policy Number: Term:	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ 0 each Accident Disease Bodily Injury by Disease \$ each Policy Bodily Injury by Disease \$ each Employee	
d. Name: Starnet Insurance Company Policy Number: QDO000734900 Term: 05/10/2025 to 05/10/2026	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:	Stop Gap Employers' Liability	Bodily Injury by Accident \$ 0 _____ each Accident Disease Bodily Injury by Disease \$ 0 _____ Each Policy Bodily Injury by Disease \$ 0 _____ each Employee
f. Name: Excluded Policy Number: Term:	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:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____