

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
513-870-2000

CAP 533 41 70 AWR

A Stock Insurance Company

Previous Policy No.

## COMMON POLICY DECLARATIONS

RENEWAL

DECLARATIONS	POLICY NUMBER	CAP 520 54 82
<b>NAMED INSURED OHIO REGION OF NARCOTICS ANONYMOUS</b>		
<b>ADDRESS P O BOX 546</b> (Number & Street, <b>COLUMBUS OH 43216</b> Town, County, State & Zip No.)		
<b>Policy Period:</b> At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE		
<b>All coverages except Automobile and / or Garage</b> Policy number: <b>CAP 520 54 82</b> FROM: <b>10-15-2010</b> TO: <b>10-15-2013</b>		
<b>Automobile and / or Garage</b> Policy number: FROM: TO:		
Agency	<b>EOFF INS. AGENCY, INC. 34-140</b>	
City	<b>FINDLAY OH</b>	
<b>Legal Entity / Business Description</b> <b>CORPORATION</b>		
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.		
FORMS APPLICABLE TO ALL COVERAGE PARTS: (show numbers)		
<b>IA4330</b>	<b>03/08</b>	<b>IA102 09/08</b>
<b>IA4236</b>	<b>01/08</b>	<b>IA4238 01/08</b>
<b>GA501</b>	<b>10/01</b>	<b>IA41210H 09/09</b>
		<b>IP4070H 03/92</b>
		<b>IP446 08/01</b>

KW3 MCT  
09-23-2010

Countersigned

10/6/10

(Date)

By

*R. Bowman*

(Authorized Representative)

ORIGINAL

# THE CINCINNATI INSURANCE COMPANY

A STOCK INSURANCE COMPANY

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: <b>CAP 520 54 82</b> Effective Date: <b>10-15-2010</b>							
Named Insured: <b>IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATIONS</b>							
<b>LIMITS OF INSURANCE</b>							
EACH OCCURRENCE LIMIT					\$ <b>1,000,000</b>		
GENERAL AGGREGATE LIMIT					\$ <b>1,000,000</b>		
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT					\$ <b>1,000,000</b>		
PERSONAL & ADVERTISING INJURY LIMIT					\$ <b>1,000,000</b>		ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT					\$ _____		ANY ONE PREMISES
\$100,000 limit unless otherwise indicated herein:							
MEDICAL EXPENSE LIMIT					\$ _____		ANYONEPERSON
\$5,000 limit unless otherwise indicated herein:							
CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll C - Gross Sales D - Units E - Other	RATE		ADVANCE PREMIUM		
			Products / Completed Operations	All Other	Products / Completed Operations	All Other	
<b>SPECIAL EVENTS</b>	<b>20000</b>						
<b>CLUBS-CIVIC, SERVICE OR SOCIAL INCL PROD AND/OR COMP OP</b>	<b>41668</b>	<b>A 1,600 EACH MEMBER</b>		<b>103.751</b>		<b>650</b> <b>166</b>	
The General Liability Coverage Part is subject to an annual minimum premium.						<b>TOTAL ANNUAL PREMIUM</b>	<b>\$ 816</b>
<b>FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:</b>							
<b>GA101</b>	<b>12/04</b>	<b>GA2160H</b>	<b>04/09</b>	<b>CG2002</b>	<b>11/85</b>	<b>GA4240</b>	<b>01/06</b>
<b>GA4250</b>	<b>11/05</b>	<b>CG2116</b>	<b>07/98</b>				