

ORDINANCE NO. 2020-45
INTRODUCED BY: ROCKEY

4277

**AN ORDINANCE
GRANTING A TAXICAB FRANCHISE TO KELLIE
RETTINGER, DBA WHISPERY PINES CARRIAGE
RIDES, AND DECLARING AN EMERGENCY**

WHEREAS, Chapter 741 of the Codified Ordinances prohibits the operation of a taxicab business upon the public streets of the Village unless a franchise has been granted by the Village Council; and

WHEREAS, Kellie Rettinger, dba Whispery Pines Carriage Rides (“Franchisee”) has applied for a franchise to furnish horse drawn carriage service on the public streets of the Village; and

WHEREAS, the Chief of Police or the Chief’s designated representative, in accordance with Chapter 741 of the Codified Ordinances, has investigated the application and examined the carriage to be used in the business; and

WHEREAS, the Chief of Police has reported her findings to this Council and recommends that a franchise commencing on November 26, 2020 and ending on January 31, 2022 be granted to the Franchisee, subject to the terms and conditions set forth in this Ordinance; and

WHEREAS, Section 741.04 of the Codified Ordinances authorizes Council to issue a franchise if it is satisfied as to the character of the Franchisee and the drivers and authorizes Council to include such other terms and conditions as it deems necessary.

**NOW THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE
VILLAGE OF CHAGRIN FALLS, CUYAHOGA COUNTY, STATE OF OHIO:**

SECTION 1. That Franchisee, with a principal place of business located at 4561 Beckwith Road, Kingsville, Ohio 44047, is hereby granted a non-exclusive taxicab franchise for a period commencing November 26, 2020 and ending on January 31, 2022 to use the present and future public streets of the Village in the operation of a public horse-drawn carriage service. Such use is limited to one (1) horse-hitch and subject to routes and schedules that are approved by the Police Chief, which approval shall be granted only if there are no adverse health and safety concerns presented by the service routes or schedules proposed.

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SECTION 2. That the franchise granted herein shall be and remain subject to compliance with all federal, state and local laws and ordinances, as they now exist or are hereafter amended, including but not limited to Chapter 741 of the Codified Ordinances. The Franchisee shall comply will all state, county and municipal orders, rules and regulations regarding Covid-19 in addition to all other applicable laws, ordinances, orders, rules and regulations.

SECTION 3. That the franchise granted herein is subject to the Franchisee signing a written statement, set forth below, acknowledging that the Village assumes no liability or responsibility in granting a franchise to the Franchisee and the Franchisee agrees to indemnify, hold harmless and defend the Village, its officers, officials, agents, and employees, from and against any and all claims or suits, expense or liability, for any and all property damage or loss and/or personal injury, including death, to any and all persons, of whatsoever kind or character, arising out of or in connection with any acts or omissions by the Franchisee and her agents, employees, drivers, licensees, invitees and passengers, in the exercise of the franchise granted herein, and the Franchisee shall assume all liability and responsibility for same.

SECTION 4. That Franchisee shall comply with the carriage, horse and operator standards set forth on the horse carriage inspection sheet attached hereto and made a part hereof as Exhibit "A". Franchisee shall grant the Chief of Police or the Chief's designee access to inspect the horses and carriages used in the franchise service.

SECTION 5. That the franchise granted herein is subject to Franchisee (i) maintaining a current general liability certificate of insurance, which shall be an occurrence policy, and provide coverage for liability occurring from carriage rides, subject to the approval of the Mayor and the Law Director, endorsing the Village as an additional insured in an amount not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) general aggregate, (ii) a current list of carriage drivers, and (iii) such other reasonable information as the Chief of Police shall deem necessary to protect the public health, safety, and welfare of the Village and its inhabitants, including information relating to the health and condition of the horses used in the carriage service and information relating to the type, condition, and number of carriages used in the service.

SECTION 6. That the Franchisee shall not sell, convey or transfer this franchise to any other person, firm, corporation, or entity without the prior approval of this Council.

SECTION 7. That the Franchisee may terminate this franchise, at any time, by written notice to the Village.

SECTION 8. That the Village reserves the right to suspend or terminate this franchise and all rights of Franchisee if (i) Franchisee violates any provision of this Ordinance, including the requirement that Franchisee comply with all federal, state, and local laws and ordinances; (ii) fails to maintain the required insurance; (iii) Franchisee's agents or employees are convicted of any crime of moral turpitude, any driving under the influence offense, or any offense relating

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to controlled substances; or (iv) whenever the continued operation by the Franchisee would constitute a danger to public health, safety, or welfare.

SECTION 9. That Franchise shall file a written acceptance of this franchise and the terms and conditions contained in this Ordinance with the Clerk of Council within fourteen (14) calendar days of the effective date of this Ordinance. The acceptance shall state that the Franchisee agrees to be bound by and carry out the terms and conditions of this Ordinance. The franchise shall go in effect when the acceptance has been filed, and the insurance required by Section 5 of this Ordinance is provided to the Village, and upon such filing, this Ordinance shall constitute a contract between the Village and the Franchisee.

SECTION 10. That if any part of this Ordinance shall be held invalid for any reason, such holding shall not invalidate or impair the remainder of this Ordinance. Franchisee is an independent operator and is not an agent, contractor, or employee of the Village. Franchisee has no authority, express or implied, to act on behalf of or bind the Village in any capacity. The Village's waiver of any term or breach hereof shall not be considered to be a waiver of any other term or breach, nor of a subsequent breach of the one waived.


SECTION 11. That actions of this Council concerning and relating to the passage of this legislation were adopted in lawful meetings of this Council and that all deliberations of this Council and of any of its committees that resulted in such formal action were in compliance with all legal requirements, including Chapter 114 of the Codified Ordinances of the Village of Chagrin Falls.

SECTION 12. That in accordance with Section 113.01 of the Codified Ordinances of the Village of Chagrin Falls, public notice of this Ordinance shall be given by posting a copy thereof for not less than fifteen (15) days in the Village Hall.

SECTION 13. That this Ordinance is declared to be an emergency measure necessary for the immediate preservation of the public peace, property, health and safety of the inhabitants of the Village and for the further reason that providing services authorized by the franchise will promote the central shopping district and provide a benefit to the residents of the Village; Wherefore, provided it receives affirmative vote of at least 2-3rd (2-4/3) of all members elected to Council, this Ordinance shall be in full force and effect from and immediately upon its passage by this Council and approved by the Mayor; otherwise, it shall take effect and be enforced after the earliest period allowed by law.

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INTRODUCED BY: ROCKEY

PASSED: November 9, 2020



Erinn Grube, Council President

Submitted to the Mayor for
his approval on this

November 10, 2020

Approved by the Mayor

11/10/2020



Mayor William Tomko

I hereby certify that Ordinance No. 2020-45 was duly enacted on the 9th day of November, 2020, by the Council of the Village of Chagrin Falls and posted in accordance with Section 113.01 of the Codified Ordinances of the Village of Chagrin Falls.



David Bloom, Clerk of Council

ACCEPTED BY:

Kellie Rettinger, agrees to be bound by and carry out the terms and conditions of this Ordinance, including, but not limited to the provisions contained in Sections 2, 3, 4 and 5, regarding defense, indemnity, insurance and inspections. The undersigned hereby agrees that she is bound by the provisions contained in Chapter 741 of the Codified Ordinances of the Village of Chagrin Falls.



Kellie Rettinger

Date: 11/17/2020

Village of Chagrin Falls Horse Drawn Carriage Application (CHAPTER 741)

Name: Kellie Rettinger Phone: 440-858-5285
Business Name: Whispery Pines Carriage Rides
Address: 4561 Beckwith Rd. ZIP 44048
Kingsville OH
Applicant OLN # _____ Expires _____

I, THE APPLICANT, AGREE THAT I MEET, AND WILL CONTINUE TO MEET, THE SET STANDARDS FOR A CARRIAGE AND MAINTAINING MY HORSE. I ALSO AGREE TO KEEP MY INSURANCE VALID FOR THE TIME FRAME OF THIS PERMIT. I DO ACKNOWLEDGE THE REQUIRED STATE AND VILLAGE TRAFFIC LAWS PERTAINING TO MOTOR VEHICLES, AND AGREE TO ABIDE BY SAME.

Kellie Rettinger
APPLICANT'S NAME

Horse Names: Ace & Tony

Route: Can be explained at Council meeting
E WASHINGTON ST - N MAIN - RIVER - E ORANGE -
N MAIN ST - N FRANKLIN - E WASHINGTON

ALTERNATE - E WASHINGTON - W WASHINGTON - WALNUT - CENTER - WALNUT OR CENTER ST
Days and Times of Operation: BACK TO W WASHINGTON - E WASHINGTON ST
Not sure as of yet

Chagrin Falls Police Department, 21 W Washington Street, Chagrin Falls, Ohio 44022 (440) 247-5036

Horse Carriage Inspection Sheet

Carriage Standards: ORC 4513

- 1) _____ Display at dusk and evening adequate headlights, taillights, light reflective material visible on side and passenger display light.
- 2) _____ Display of Reflectorized "SLOW MOVING" vehicle emblem or flashing lights (O.R.C. 4513.25)
- 3) _____ Seats no more than 10 occupants including operator.
- 4) _____ Maintain rubber surface on wagon wheels.
- 5) _____ No wider than 8' (including Fenders & Safety Devices)
- 6) _____ Signed Horse Carriage Inspection Sheet

Route:

Days and Times of Operation:

Chagrin Falls Police Department, 21 W Washington Street, Chagrin Falls, Ohio 44022 (440) 247-5036

Horse Carriage Inspection Sheet

Carriage Standards: ORC 4513

- 1) Display at dusk and evening adequate headlights, taillights, light/reflective material visible on side and passenger display light.
- 2) Display of Reflectorized "SLOW MOVING" vehicle emblem or flashing lights (O.R.C. 4513.25)
- 3) Seats no more than 10 occupants including operator.
- 4) Maintain rubber surface on wagon wheels.
- 5) No wider than 8' (including Fenders & Safety Devices)
- 6) Signed Horse Carriage Inspection Sheet

Horse Standards:

- 1) Catch device for manure and solid waste.
- 2) Be attended at all time, especially when loading and unloading
- 3) Humane treatment
- 4) Not stabled overnight in the Village unless livery is approved by Village Zoning.
- 5) Signed Certificate of Veterinary Inspection for each horse being used.

Operator Standards:

- 1) Be subject to all State and Village traffic laws for motor vehicles.
- 2) Possess a valid driver's license (Copy for each Driver)

Insurance:

Current general liability certificate of insurance, which shall be an occurrence policy, and provide coverage for liability occurring from carriage rides, subject to approval of the Mayor and Law Director, endorsing the Village as an additional insured in an amount not less than One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) general aggregate.

Approved By: Allen Keith Kettinger Title: Owner Date: 11/5/20

Ordinance No. _____ Date Passed: _____

Chagrin Falls Police Department, 21 W Washington Street, Chagrin Falls, Ohio 44022 (440) 247-5036





WEAVER WAGONS & Custom Design LLC

Horse Carriage Inspection Sheet

- Adequate Display of a Slow Moving Vehicle Emblem
- Seats no More Than 8 Occupants
- Maintain Rubber Surface on Wagon Wheels
- No Wider Than 8' (Including Fenders & Safety Devices)

Inspected by Emery Weaver on 11-5-2020

Notes: Everything Looks Safe & in Good Condition



According to the Paperwork Reduction Act of 1995, no agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 340954

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION. IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.
1. LABOR NUMBER (for laboratory use only) **2002680518** 2. DATE BLOOD DRAWN **March 5, 2020** 3. TEST REQUESTED BY VETERINARIAN ELISA AGID

4. REASON FOR TESTING
 Intercity Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)
a. NAME **Sam + Kellie Rettinger** 7a. NAME **Sam + Kellie Rettinger**

5b. PHYSICAL STREET ADDRESS **4561 Beckwith Rd.** 7b. MAILING ADDRESS **4561 Beckwith Rd.**

5c. CITY, STATE, ZIP CODE **Kingsville OH 44048** 7c. CITY, STATE, ZIP CODE **Kingsville OH 44048**

5d. TELEPHONE NUMBER **440-413-3033** 6. COUNTY OF EQUINE AT BLOOD DRAW **Ashtabula** 7d. TELEPHONE NUMBER **440-413-3033**

CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

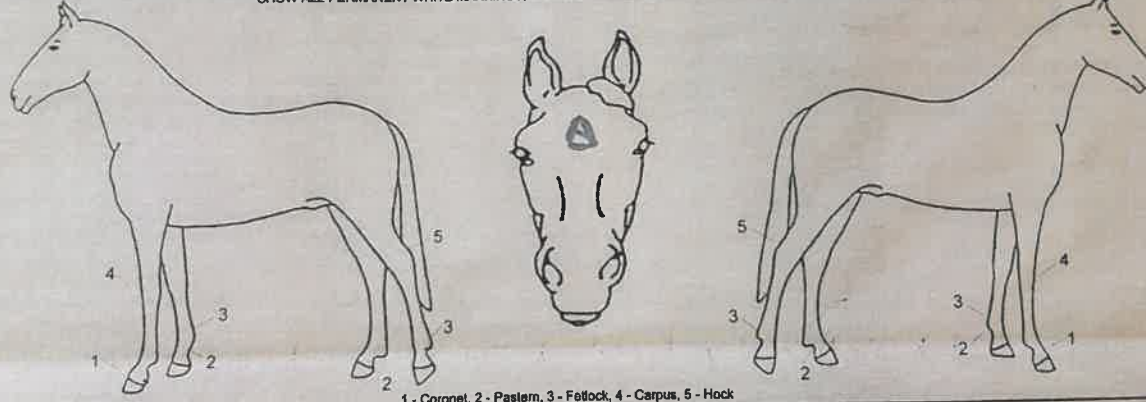
8. ACCREDITED VETERINARIAN
8a. VETERINARIAN NAME **Melissa Milligan** 8b. NATIONAL ACCREDITATION NUMBER **022833** 8c. VETERINARIAN SIGNATURE *Melissa Milligan* 8d. SIGNATURE DATE **3/5/20**

8e. PHYSICAL STREET ADDRESS OF VETERINARIAN **1484 Rapids Rd.** 8f. CITY, STATE, ZIP CODE **Burton OH 44021** 8g. TELEPHONE NUMBER **440-834-0811**

9. Tube Number 10. Tag/Tattoo/Brand Number 11. Name of Animal **Ace** 12. Color **Black** 13. Breed (for species if not a horse) **Percheron** 14. Age or DOB **18 yrs.** 15. Sex **G**
M - Male Intact
F - Female Intact
G - Gelding
FS - Female Spayed

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes: Heel, Heels, Coronet(1), Hall Pastern, Pastern(2), Fetlock(3), Hall Cannon, Cannon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD **Star** 18. NECK AND BODY (include coat color patterns, if any)

19. LEFT FORELIMB 20. RIGHT FORELIMB

21. LEFT HINDLIMB 22. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME **IDEXX Laboratories** 24. DATE SAMPLE RECEIVED **3-7-2020** 25. DATE RESULTS REPORTED **3-7-2020** 26. OFFICIAL TEST RESULT Negative Positive 27. TEST TYPE USED AGID ELISA

28. LABORATORY REMARKS **Memphis, TN 3814**

23a. CITY **Memphis, TN 3814**

23b. STATE **TN** 29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN *[Signature]* 30. INTERIM RESULT REFERRED FOR CONFIRMATION

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER
AA 340955

1. LAB OF
2002680512

COMPLETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.
NUMBER (for laboratory use only)

2. DATE BLOOD DRAWN
March 5, 2020

3. TEST REQUESTED BY VETERINARIAN
 ELISA AGID

4. REASON FOR TESTING

Interstate Movement Within State Use/Annual Change Ownership/Sale International Import/Export Illness/Clinical Suspect Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW (ranch, farm, stable, or market)

5a. NAME
Same as owner

5b. PHYSICAL/STREET ADDRESS
4561 Beckwith Rd.

5c. CITY, STATE, ZIP CODE
Kingsville OH 44048

5d. TELEPHONE NUMBER
440-413-3033

7. NAME AND ADDRESS OF OWNER

7a. NAME
Sam + Kellie Rettinger

7b. MAILING ADDRESS
4561 Beckwith Rd.

7c. CITY, STATE, ZIP CODE
Kingsville OH 44048

7d. TELEPHONE NUMBER
440-413-3033

6. COUNTY OF EQUINE AT BLOOD DRAW
Ashtabula

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN

8a. VETERINARIAN NAME
Melissa Milligan

8b. NATIONAL ACCREDITATION NUMBER
022888

8c. VETERINARIAN SIGNATURE
Melissa Milligan

8d. SIGNATURE DATE
3/5/20

8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN
17434 Rapids Rd.

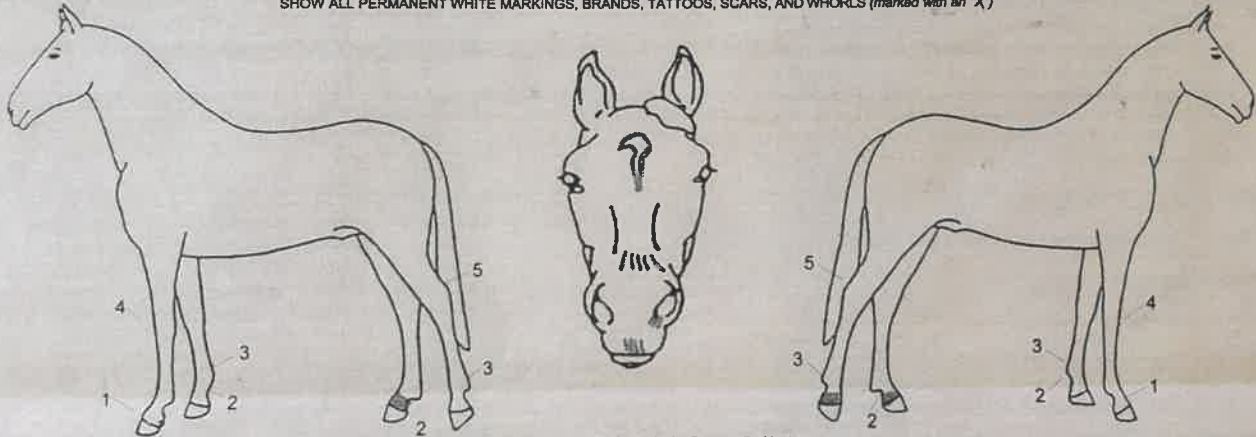
8f. CITY, STATE, ZIP CODE
Barton OH 44021

8g. TELEPHONE NUMBER
440-834-0811

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal Tony	12. Color Black	13. Breed (or species if not a horse) Belton	14. Age or DOB 13yrs	15. Sex G	M - Male Intact F - Female Intact G - Gelding FS - Female Spayed
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16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS (marked with an "X")



REQUIRED: NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1), Half Pastern, Pastern(2), Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock

17. HEAD
Star white hairs bridge of nose. *nostril + upper lip*

19. LEFT FORELIMB

21. LEFT HINDLIMB
pastern

18. NECK AND BODY (include coat color patterns, if any)

20. RIGHT FORELIMB

22. RIGHT HINDLIMB
pastern

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME
IDEXX Laboratories
6100 East Shelby Dr.
Memphis, TN 38141

24. DATE SAMPLE RECEIVED
3-7-2020

25. DATE RESULTS REPORTED
3-7-2020

26. OFFICIAL TEST RESULT
 Negative Positive

27. TEST TYPE USED
 AGID ELISA

28. LABORATORY REMARKS

23a. CITY

23b. STATE

29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN
[Signature]

30. INTERIM RESULT REFERRED FOR CONFIRMATION

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
11/05/2020

PRODUCER (440)286-6389 Ext.
Alvord Agency, Inc.
House Account
PO Box 204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Chardon, OH 44024

INSURERS AFFORDING COVERAGE

INSURED
SAMUEL & KELLIE RETTINGER, DYLAN LOOMIS
4561 BECKWITH RD

KINGSVILLE, OH 44048

INSURER A: **UNITED STATES FIRE INSURANCE**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SRPG-101-0715	07/24/2020	07/24/2021	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$300,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$5,000,000
					PRODUCTS - COMP/OP AGG	\$5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

FOR REFERENCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
11/05/2020

PRODUCER (440)286-6389 Ext.
Alvord Agency, Inc.
House Account
PO Box 204

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Chardon, OH 44024

INSURERS AFFORDING COVERAGE

INSURED
SAMUEL & KELLIE RETTINGER, DYLAN LOOMIS
4561 BECKWITH RD

INSURER A: UNITED STATES FIRE INSURANCE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

KINGSVILLE, OH 44048

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	SRPG-101-0715	07/24/2020	07/24/2021	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 300,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS - COMP/OP AGG	\$ 5,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
CERTIFICATE HOLDER IS ALSO AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

VILLAGE OF CHAGRIN FALLS
21 W WASHINGTON ST

CHAGRIN FALLS OH 44022-
(440)247-5050 Ext.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J. Dalcher