

DATE (MM/DD/YYYY)2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su			•				
PROD	UCER				CONTAC NAME:	Kristi Buc	kland				
Pro	Surety Bond				PHONE (A/C, No	Ext): (208) 52	22-3380		FAX (A/C, No):	919) 7	02-4854
919	S 25 E				E-MAIL ADDRES	1	sureitall.com				
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #
Amı	non			ID 83406	INSURER A: Markel American Insurance Comapny						28932
INSUF	ED				INSURER B:						
NYC	R Industries Corp				INSURER C :						
PO E	OX 57				INSURER D :						
					INSURE						
BRO	NX			NY 10464	INSURE						
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUM	BER:	-	
INI CE EX	S IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH F	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCE DUCED BY PAI	THER DOCUME RIBED HEREIN D CLAIMS.	ENT WITH RESPE	CT TO WHIC	CH THI		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY					,	ĺ	EACH OCCURRENC			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu			
								MED EXP (Any one)			
								PERSONAL & ADV I	NJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$		
	ANY AUTO							BODILY INJURY (Pe	er person) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE \$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT \$		
	DFFICER/MEMBER EXCLUDED? Mandatory in NH)	"'^						E.L. DISEASE - EA E	MPLOYEE \$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$		
								Dishonesty Bor	nd		1,000,000.00
A	Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026				
DESC	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CFR	TIFICATE HOLDER				CANCELLATION						
	FOR INFORMATIONAL PUI	ES ON	NLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					ED BEFORE		
	DOCUMENT IS STRICTLY				KRISTI	BUCKLAND					
	DDOHIBITED				1						



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tn	s certificate does not confer rights t	o tne	certi	ificate noider in lieu of su			•				
PROD	UCER				CONTAC NAME:	Kristi Bud	ckland				
Pro	Surety Bond				PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854						
919	S 25 E				E-MAIL ADDRES	1	sureitall.com	1, , ,			
							SURFR(S) AFFOR	RDING COVERAGE		NAIC #	
Amı	non			ID 83406	INSURE	28932					
INSU	RED				INSURE						
NYC	R Industries Corp				INSURER C :						
PO E	OX 57				INSURER D :						
					INSURER D :						
BRC	NX			NY 10464	INSURE						
		TIFIC	ATE	NUMBER:	INSUKL	Kr.		REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIES O				FN ISSI	JED TO THE IN			/ PFRIC)D	
INI CE EX	DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH R	NENT, THE IES. LI	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCR DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH TH			
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					Í			\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									\$		
								` , ' ' '	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$		
	POLICY PRO- JECT LOC								\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								\$		
	OWNED SCHEDULED							` ' '	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR										
									\$		
	CLAIIVIS-IVIADE	-							\$		
	DED RETENTION \$ WORKERS COMPENSATION	-							\$		
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	D:1							Dishonesty Bond		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)			
CED	TIFICATE HOLDER				CANC	ELL ATION					
CER	TIFICATE HOLDER				CANC	ELLATION					
	Resolvion	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	2177 SALK AVE STE 200				AUTHOR	RIZED REPRESE	NTATIVE				
	CARLSBAD,CA 92008				F 60800 F 60862500	BUCKLAND					
	2. 2.200. 2.,011 /2000										



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th	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su			•				
PROD	UCER				CONTAC NAME:	Kristi Buo	ckland				
Pro	Surety Bond				PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854						
919	S 25 E				È-MÁIL ADDRES	1	sureitall.com	1, ,			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
Am	non			ID 83406	INSURE		. ,	rance Comapny		28932	
INSU					INSURER B:						
NVC	R Industries Corp										
	OX 57				INSURER C:						
101	IOA 37				INSURER D:						
DD.C	NIV			NIV 10464	INSURE						
BRC				NY 10464	INSURE	RF:					
	ERAGES CER IS IS TO CERTIFY THAT THE POLICIES O			NUMBER:	EN ICCI	IED TO THE IN		REVISION NUMBER:	/ DEDIO	D	
INI CE EX	DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH F	UIREN RTAIN, POLICI	MENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCR DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THI		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY					ŕ	,		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ \$		
									\$ \$		
								() /	\$ \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ \$		
	PRO-								\$ \$		
	OTHER:								\$ \$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							` ' '	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
	UMPRELLALIAR	-							<u> </u>		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	-							\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	B:1							Dishonesty Bond		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026				
DESC	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
055	TIFICATE HOLDER				CANC	FLI ATION					
CER	TIFICATE HOLDER				CANC	ELLATION					
	MVConnect, LLC Its Officers,	Clien	ts & E	Employees	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	2000 Progress Parkway Suite 8	00 Scl	naumb	ourg, IL 60173	AUTHORIZED REPRESENTATIVE						
					KRISTI	BUCKLAND					



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	ICED				CONTAC	CT TO TO TO					
PROD					NAME: PHONE	Kristi Buc		Tree .	FAY		
Pro S	burety Bond				(A/C, No	, Ext): (208) 52	22-3380	[FAX [A/C, No):	(919) 7	02-4854
919	S 25 E				É-MÁIL ADDRES	ss: kristi@ins	sureitall.com				
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
Amn	non			ID 83406	INSURE	RA: Markel A	American Insur	rance Comapny			28932
INSUR	ED				INSURE						
NYC	R Industries Corp				INSURE						
РО В	OX 57				INSURER D :						
					INSURER E :						
BRO	NX			NY 10464	INSURE						
		TIFIC	ΔTF	NUMBER:	INCONE			REVISION NUMB	RER.		
	S IS TO CERTIFY THAT THE POLICIES O				EN ISSI	JED TO THE IN				PERIO	D
	ICATED. NOTWITHSTANDING ANY REQ										S
	RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH F							I IS SUBJECT TO A	LL THE TE	ERMS,	
INSR		ADDL	SUBR		LININLL	POLICY FFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	_							EACH OCCURRENCE		\$	
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurr		\$	
								MED EXP (Any one pe	erson)	\$	
								PERSONAL & ADV IN	IJURY S	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE S	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$	
	OTHER:								;	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE I (Ea accident)	IMIT	\$	
l l	ANY AUTO							BODILY INJURY (Per	person)	\$	
-	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per	accident)	\$	
-	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	= ;	\$	
-	AUTOS ONET							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	= !	ħ	
-	- FYCESCHAR										
	CLAIIVIS-IVIADE	-						AGGREGATE			
	DED RETENTION \$ VORKERS COMPENSATION							I PER I	OTH- ER	\$	
	ND EMPLOYERS' LIABILITY Y / N							PER STATUTE	-		
	NY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$	
l li	Mandatory in NH) ves, describe under							E.L. DISEASE - EA EN	MPLOYEE S	\$	
	ESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - POLIC	-	\$	
	Dishonesty Bond							Dishonesty Bond	d		1,000,000.00
Α	Distiollesty Bolid			5207PR014041-05-224		02/20/2025	02/20/2026				
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (ACOR	D 101, Additional Remarks Sched	uue, may	be attached if inc	ore space is requ	uirea)			
CER	RTIFICATE HOLDER					ELLATION					
	Resolvion		SHO THE	ULD ANY OF T EXPIRATION D	DATE THEREC	ESCRIBED POLICIE DF, NOTICE WILL B CY PROVISIONS.					
	2177 Salk Avenue Suite 200 Ca	arlsbac	l, CA.	. 92008	AUTHOR	RIZED REPRESEI	NTATIVE				
					KRISTI BUCKLAND						



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PROD	UCER				CONTAC NAME:	Kristi Bud	ckland				
Pro	Surety Bond				PHONE (A/C, No	, Ext): (208) 5	22-3380	FAX (A/C, No):	(919) 7	702-4854	
919	S 25 E				È-MÁIL ADDRES	1	sureitall.com				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
Amı	non			ID 83406	INSURE	28932					
INSUF	ED				INSURE						
NYC	R Industries Corp				INSURE	R C :					
PO E	OX 57				INSURE	R D :					
					INSURER E :						
BRO	NX			NY 10464	INSURE	RF:					
cov	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	•		
INI CE EX	S IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH F	IENT, THE	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCR DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH TH			
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Dishonesty Bond		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026	·			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)			
CER	TIFICATE HOLDER				CANCELLATION						
	Secure Collateral Management				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	9330 Lyndon B Johnson Fwy	Suite 7	700 Da	allas, TX 75243	AUTHOR	RIZED REPRESE	NTATIVE				
					KRISTI	BUCKLAND					



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PRODUCER				NAME:	Kristi Buc				
Pro Surety Bond				PHONE (A/C, No	, Ext): (208) 52	22-3380	FAX (A/C, No): (919) 7	02-4854	
919 S 25 E				E-MAIL ADDRES	s: kristi@ins	sureitall.com			
					INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Ammon			ID 83406	INSURE			rance Comapny	28932	
INSURED				INSURE					
NYCR Industries Corp				INSURE					
PO BOX 57				INSURE					
10 201127				INSURE					
BRONX			NY 10464						
	FIFIC			INSURE	K F :		DEVISION NUMBER:		
COVERAGES CERT THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: CELLISTED BELOW HAVE BE	FN ISSI	IED TO THE IN		REVISION NUMBER: ED ABOVE FOR THE POLICY PERIO	D I	
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREM TAIN,	ENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCR	HER DOCUMI	ENT WITH RESPECT TO WHICH THI		
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY	III I				(,,	(EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
02 11110 1111 122							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
PRO							PRODUCTS - COMP/OP AGG \$		
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &		
AUTOS ONLY AUTOS ONLY							(Per accident) \$		
UMBRELLA LIAB OCCUP							Ť		
L OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							\$ STATE OF THE STA		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Did on the							Dishonesty Bond	1,000,000.00	
A Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER				CANC	ELLATION				
United Recovery and Remarket 311 Moore Ln Collierville TN 3		LC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
				KKISTI	BUCKLAND				



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PROD	UCE	R				CONTAC NAME:	Kristi Buc	kland			
Pro	Sure	ty Bond					, Ext): (208) 52		FAX (A/C,	Na). (919)	702-4854
919						E-MAIL ADDRES	e. krieti@ine	sureitall.com	[(A/C,	110j. (212)	. 32 .33 !
919	3 23	E				ADDRES					
					ID 02406				DING COVERAGE		NAIC#
Am					ID 83406			American Insur	rance Comapny		28932
INSUI	KED					INSURE					
NYC	R Inc	dustries Corp				INSURE					
PO I	SOX :	57				INSURE					
						INSURE	RE:				
BRC	NX				NY 10464	INSURE	RF:				
cov	ER/	AGES CERT	ΓIFIC	ATE	NUMBER:			ı	REVISION NUMBER		
TH	IS IS	TO CERTIFY THAT THE POLICIES OF	INSU	JRANG	CE LISTED BELOW HAVE BE	EN ISSU	JED TO THE IN	ISURED NAME	D ABOVE FOR THE P	OLICY PERI	OD
		TED. NOTWITHSTANDING ANY REQU									
		FICATE MAY BE ISSUED OR MAY PER' SIONS AND CONDITIONS OF SUCH PO							IS SUBJECT TO ALL T	THE TERMS,	'
INSR LTR	OLU		ADDL	SUBR		LIVICE		POLICY EXP (MM/DD/YYYY)			
LTR			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence	e) \$	
									MED EXP (Any one person	n) \$	
									PERSONAL & ADV INJUR	Y \$	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	AGG \$	
		OTHER:								\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
		ANY AUTO							(Ea accident) BODILY INJURY (Per pers		
OWNED SCHEDULED									, ,		
AUTOS ONLY AUTOS									BODILY INJURY (Per accide PROPERTY DAMAGE		
		HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$								\$	
	WOR	KERS COMPENSATION							PER O'STATUTE ER	TH-	
	AND	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFI	CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	datory in NH) , describe under							E.L. DISEASE - EA EMPLO		
	DĖSC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	IMIT \$	
	D:	ah amaatus Damid							Dishonesty Bond		1,000,000.00
Α	Di	shonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026			
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	uired)		
CER	TIFI	CATE HOLDER				CANC	ELLATION				
									ESCRIBED POLICIES E		
		GM Financial				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		51.1 1 mm. 541				ACCORDANCE WITH THE POLICT PROVISIONS.					
		801 Cherry Street				AUTHORIZED REPRESENTATIVE					
		oor cherry succe				E 60000 600000000					
						KKISTI	BUCKLAND				
		Fort Worth, TX 76102									



DATE (MM/DD/YYYY)2/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

tni	s certificate does not confer rights to	o tne	certi	ficate noider in lieu of su			ı				
PROD	UCER				CONTAC NAME:	Kristi Buc	kland				
Pro	Surety Bond				PHONE (A/C, No	, Ext): (208) 52	22-3380	(A/C, No): (919)	702-4854		
919	S 25 E				E-MAIL ADDRES	1	sureitall.com	•			
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #		
Amı	non			ID 83406	INSURE	RA: Markel A	American Insur	rance Comapny	28932		
INSUF	:ED				INSURE						
NYC	R Industries Corp				INSURE						
PO E	3OX 57				INSURER D:						
					INSURER E :						
BRO	NX			NY 10464	INSURE	RF:					
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	MENT, , THE IES. L	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	ITRACT OR OT DLICIES DESCR DUCED BY PAI	THER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHICH TH				
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$			
l	PRO-										
								PRODUCTS - COMP/OP AGG \$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$			
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &			
	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
	UMBRELLA LIAB OCCUR							, , , , , , , , , , , , , , , , , , ,			
								EACH OCCURRENCE \$			
	CLATIVIS-IVIADE	┨						AGGREGATE \$			
	DED RETENTION \$ WORKERS COMPENSATION	-						PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT \$	1 000 000 00		
A	Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026	Dishonesty Bond	1,000,000.00		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES ((ACOR	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	uired)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CER	TIFICATE HOLDER				CANCELLATION						
	PAR North America Vendor Co	ompli	ance S	Specialist	THE ACC	EXPIRATION D	PATE THEREC	ESCRIBED POLICIES BE CANCELL DF, NOTICE WILL BE DELIVERED II Y PROVISIONS.			
					F 4080 F 4084700	BUCKLAND					
	Carmel IN 46032										



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

					отоотпоти(о <i>)</i> г					
PRODUCER				CONTAC NAME:	Kristi Buc	kland	. =			
Pro Surety Bond				PHONE (A/C, No	, Ext): (208) 52	22-3380	FAX (A/C	, No): (9	19) 702-4854	
919 S 25 E				E-MAIL ADDRES	ss: kristi@ins	ureitall.com		· · · · · ·		
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
Ammon			ID 83406	INSURE			rance Comapny		28932	
INSURED				INSURE						
NYCR Industries Corp				INSURE						
PO BOX 57				INSURE						
				INSURE						
BRONX			NY 10464	INSURE						
	TIEIC	^ TE	NUMBER:	INSURE	Kr.		REVISION NUMBER	· · · · · · · · · · · · · · · · · · ·		
THIS IS TO CERTIFY THAT THE POLICIES OF				EN ISSU	JED TO THE IN				ERIOD	
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER'										
EXCLUSIONS AND CONDITIONS OF SUCH PO	OLICIE	ES. LI	MITS SHOWN MAY HAVE BE		DUCED BY PAIL	D CLAIMS.				
INSR LTR TYPE OF INSURANCE	ADDL:		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$		
							MED EXP (Any one person	.5) +		
							PERSONAL & ADV INJUR	, +		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
PRO							PRODUCTS - COMP/OP			
POLICY JECT LOC							FRODUCTS - COMF/OF /	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI	T \$		
ANY AUTO							(Ea accident) BODILY INJURY (Per pers	,		
OWNED SCHEDULED							BODILY INJURY (Per acci	, ,		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
LIMPRELLALIAR										
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$							I I DED I I C	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE EI	TH- R		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL	OYEE \$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$		
							Dishonesty Bond		1,000,000.00	
A Dishonesty Bond			5207PR014041-05-224		02/20/2025	02/20/2026				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COPI	D 101 Additional Pamarks Sahad	lula may	he attached if me	ore enace is rea	uired)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE LIGHTER										
CERTIFICATE HOLDER				CANCELLATION						
Summs Skip and Collateral Sol			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
2616 Quality Court				AUTHORIZED REPRESENTATIVE						
Virginia Reach, VA 23454				KRISTI BUCKLAND						