

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)3/11/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER CONTACT NAME: Kristi Buckland										
Pro Surety Bond					PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854					
919 S 25 E					PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854 E-MAIL ADDRESS: kristi@prosuretybond.com					
					INSURER(S) AFFORDING COVERAGE			NAIC #		
Ammon ID 83406					INSURER A: Markel American Insurance Company			28932		
INSURED					INSURER B:					
Our Enterprise Inc.					INSURER C :					
3437 COLONEL DRAKE HWY										
545/ COLONEL DRAKE HW I					INSURER D :					
L vermo anni				INSURER E:						
ALTOONA			PA 16601			INSURER F:				
				NUMBER:		TO THE !!		REVISION NUMBER:	1	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESIGNED AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY P						ITRACT OR OT DLICIES DESCR DUCED BY PAI	OTHER DOCUMENT WITH RESPECT TO WHICH THIS CRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	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) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	PRO-							PRODUCTS - COMP/OP AGG \$		
-	- LJ*=*: LJ							\$		
ΔΙ	OTHER: JTOMOBILE 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 \$		
<u> </u>	AUTOS ONLY AUTOS ONLY							(Per accident)		
								\$		
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		
(M	andatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
DE DE	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
								Dishonesty Bond	1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-226		02/20/2024	02/20/2025			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
FOR INFORMATIONAL PURPOSES ONLY					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ANY ALTERATION OF THIS					AUTHORIZED REPRESENTATIVE					
DOCUMENT IS STRICTLY					KRISTI BUCKLAND					
. PROHIBITED					1					