

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2024

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).

	s certificate does not confer rights to	o the	certi	ficate holder in lieu of su			•					
PRO	DUCER		CONTACT NAME: Kristi Buckland									
Pro Surety Bond						PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-48:					02-4854	
919 S 25 E						ss: kristi@pro	osuretybond.co	om				
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
Ammon ID 83406						INSURER A: Markel American Insurance Company					28932	
INSURED						INSURER B:						
Trainwell Creditor Services						INSURER C:						
1418 E MADISON AVE					INSURER D:							
					INSURER E :							
DES MOINES IA 50313					INSURER F:							
COVERAGES CERTIFICATE NUMBER:				NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CAMES. NOT												
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC				
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$				
								MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:	GREGATE LIMIT APPLIES PER:				GEI			ENERAL AGGREGATE \$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG \$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY	LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$						
	ANY AUTO							BODILY INJURY (Pe	r person) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E \$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$]							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	OVERSILIABILITY						PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	1/N						E.L. EACH ACCIDENT \$				
	datory in NH)							E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT \$			
								Dishonesty Bon	nd		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-143		02/13/2024	02/13/2025					
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 ANY ALTERATION OF THIS						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						
DOCUMENT IS STRICTLY						KRISTI BUCKLAND						