

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)2/21/2024

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		CONTAC NAME:	Kristi Duc						
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				
Ammon ID 83406					INSURER A: Markel American Insurance Comapny			NAIC # 28932	
INSURED					INSURER B:				
Tolmite Recoveries LLC					INSURER C :				
8680 VIRGIL ST					INSURER D :				
**************************************					INSURER E :				
DEARBORN HEIGHTS MI 48127					INSURER F :				
COVERAGES CERTIFICATE 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 CLAIMS.									
INSR LTR TYPE OF INSURANCE	ADDLS		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) \$		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
POLICY PRO-							PRODUCTS - COMP/OP AGG \$		
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
ANY AUTO							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							FACULOGOUPDENOS A		
EVOTES LIAD							EACH OCCURRENCE \$		
CLAIMS-MADE							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	
Dishonesty Bond					00/01/0001	00/01/0007	Dishonesty Bond	1,000,000.00	
A			5207PR014041-05-255		02/21/2024	02/21/2025			
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 DOCUMENT IS STRICTLY					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 KRISTI BUCKLAND				
PROHIBITED				ווישריטעע וו ערדי וו ערדי ווערדי					