

## CERTIFICATE OF LIABILITY INSURANCE

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.

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).

thi	s certificate does not confer rights to	o the	certif	ficate holder in lieu of su			•			
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					E-MAIL ADDRES	1	sureitall.com	·		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
Ammon ID 83406					INSURER A: Markel American Insurance Company			28932		
INSURED					INSURER B:					
Elite Towing and Recovery Inc					INSURER C:					
2701 WILLOWCREEK RD					INSURER D :					
				INSURER E :						
PORTAGE IN 46368				IN 46368	INSURER F:					
COVERAGES CERTIFIC			ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE B										
CE	IICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	TAIN,	THE	NSURANCE AFFORDED BY	THE PO	LICIES DESCR	RIBED HEREIN			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	IIIOD	****			(,	(,	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 ONLY AUTOS							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
	AUTOS ONLY AUTOS ONLY							\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$	1						\$		
	WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	DFFICER/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 \$		
	DESCRIPTION OF OPERATIONS DEIOW							Dishonesty Bond	1,000,000.00	
,	Dishonesty Bond			5207PR014041-05-291		07/31/2024	07/31/2025	Dishonesty Bond	1,000,000.00	
A	·			320/FK014041-03-291		07/31/2024	07/31/2023			
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 PROHIBITED					Kristi Buckland					