

## 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 t	o the	certi	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					È-MÁIL ADDRES	1	usreitall.com	1, ,		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC#	
Ammon ID 83406					INSURER A: Markel American Insurance Company			28932		
INSURED					INSURE	INSURER B:				
Southwest Recovery Inc					INSURER C:					
3061 CARDIFF ST					INSURER D:					
					INSURER E :					
PUNTA GORDA FL 33983					INSURE					
COVERAGES CERTIFICATE NUMBER:				NUMBER:	REVISION NUMBER:					
INI CE	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH E	UIREN RTAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WHICH TH	HIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE B  INSR LTR TYPE OF INSURANCE ADDISUBS INSD   WVD   POLICY NUMBER					POLICY FFF   POLICY FXP					
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ 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							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB OCCUB							FACIL COOLIDDENICE		
	- FYOSOG LIAD							EACH OCCURRENCE \$		
	CLAIMS-MADE	-						AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION	+						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N	ł								
	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			5207PR014041-05-312		03/24/2025	03/24/2026	Dishonesty Bond	1,000,000.00	
А				320/1 K014041-03-312		03/24/2023	03/24/2020			
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					Krisli Buckland					
<sub>I</sub> PROHIBITED					l					