

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)2/20/2024

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).

thi	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su			•			
PRODUCER						Kristi Buc				
Pro Surety Bond					PHONE (A/C, No	, Ext): (208) 52	22-3380	FAX (A/C, No): (9	19) 702-4854	
919 S 25 E					È-MÁIL ADDRES	1	osuretybond.co	om		
						INS	URER(S) AFFOR	RDING COVERAGE	NAIC #	
Ammon ID 83406					INSURER A: Markel American Insurance Company			28932		
INSURED					INSURER B:					
KKV Recovery Northeast Inc.					INSURER C:					
PO BOX 3107					INSURER D:					
				INSURER E:						
SCHENECTADY NY 12303				NY 12303	INSURER F:					
COVERAGES CERTIFICATE NUM			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.								H THIS		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY VORUME EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below	1						E.L. DISEASE - POLICY LIMIT \$ Dishonesty Bond	\$1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-206		02/20/2024	02/20/2025	Distionesty Bond	\$1,000,000.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION										
						CHOILD ANY OF THE ADOVE DESCRIBED BOLIGIES BE SAMOELLED DESCRI				
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 DOCUMENT IS STRICTLY PROHIBITED					AUTHORIZED REPRESENTATIVE KRISTI BUCKLAND					