										OP ID: MG
Ą	CORD CER	TIF	<b>FIC</b>	ATE OF LIA	BIL		SURA	NCE		(MM/DD/YYYY)
C B	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT CELOW. THIS CERTIFICATE OF INS CEPRESENTATIVE OR PRODUCER, A	MAT IVEL	TER Y OF	OF INFORMATION ONL' R NEGATIVELY AMEND, DOES NOT CONSTITU	Y AND ( EXTEN	CONFERS NID OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED E	FE HO BY TH	E POLICIES
th	MPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endor	, cer	tain p	policies may require an e						
PRO	DUCER	00111	5111(0)		CONTAC	т				
Executive Insurance Group 10623 Jones Street 101B Fairfax, VA 22030 Michael Goldberg INSURED L & K Recovery, LLC Chris Lawrence 700 North Main Street						PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: L&KRE-1				
						INSURER(S) AFFORDING COVERAGE				
						INSURER A : Travelers Insurance Co.				
						INSURER B : Injured Workers Fund				
Woodstock, VA 22664										
									-	
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
-	HIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			HE PO	LICY PERIOD
С	NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	TAIN, ICIES	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	DED BY 7	THE POLICIE	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT T		
INSR LTR	TYPE OF INSURANCE	ADD INSF		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
								PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	
								COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)		
	ALL OWNED AUTOS							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS							PROPERTY DAMAGE		
	HIRED AUTOS							(PER ACCIDENT)	\$	
	NON-OWNED AUTOS								\$	
		_							\$	
								EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
									\$ \$	
	WORKERS COMPENSATION							X WC STATU- TORY LIMITS ER	φ	
A B	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			6JUB-5B95883-1-13		04/30/2016	04/30/2018 05/01/2018	TORY LIMITS ER E.L. EACH ACCIDENT	\$	1,000,00
	OFFICER/MEMBER EXCLUDED?	N / A	<b>`</b>	4658893		05/01/2016		E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		Attach	ACORD 101 Additional Pomarka	Schedulo	if more space is	required)			
DES	CRIFTION OF OFERATIONS / LOCATIONS / VEHIC	LE3 (	Allach		Schedule,	in more space is	required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
				VERIFIC	SHO	ULD ANY OF EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL		
VERIFICATION OF INSURANCE						ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mulan Holdby				
					17/	when	Jold	Lu		

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