

CERTIFICATE OF LIABILITY INSURANCE

KARENHAMRO

DATE (MM/DD/YYYY) 5/23/2019

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).

| | nis certificate does not confer rights t | | | | | | | require an endorser | ient. A S | tatement on | |
|--|--|------------|----------------|---|------------|--|----------------------------|--|-----------|-------------|--|
| PRODUCER NFP Property & Casualty Services, Inc. 1439 E Main Street Suite 4 Princeton, WV 24740 | | | | | | CONTACT NAME: | | | | | |
| | | | | | | PHONE (A/C, No, Ext): (304) 425-2600 FAX (A/C, No): (304) 425-0463 | | | | | |
| | | | | | | E-MAIL ADDRESS: | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| | | | | | | INSURER A: Travelers Property Casualty Company of America 2567 | | | | | |
| F-5 Investigation Inc 5429 New Hope Rd Bluefield, WV 24701 COVERAGES CERTIFICATE NUMBER: | | | | | | RB: | | | | | |
| | | | | | | INSURER C: | | | | | |
| | | | | | | INSURER D: | | | | | |
| | | | | | | INSURER E : | | | | | |
| | | | | | | INSURER F: | | | | | |
| | | | | | | REVISION NUMBER: | | | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQU PER | IREMI TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORM | N OF A | NY CONTRA 7 THE POLIC | CT OR OTHER IES DESCRIB | DOCUMENT WITH RE | SPECT TO | WHICH THIS | |
| INSR LTR | | | SUBR | | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | ı | IMITS | | |
| LIIK | COMMERCIAL GENERAL LIABILITY | | | | | (MIM/DD/11111) | (MINI/DD/11111) | 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 A | | | |
| | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person | n) \$ | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accid | ent) \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER X OT ER | 1- | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | 0G056387 | | 5/23/2019 | 5/23/2020 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLO | YEE \$ | 1,000,000 | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LII | MIT \$ | 1,000,000 | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | D 101, Additional Remarks Schedu | lle, may b | e attached if mor | re space is requir | ed) | | | |
| CE | RTIEICATE HOLDER | | | | CANG | SELL ATION | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Allied Finance Adjusters 3813 Grant Street Reading, PA 19606 | | | | | | 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 Blood of the Above Described Policies Be Cancelled Before The Expiration Date of the Expiration Described Policies Be Cancelled Before The Expiration Date of the Expiration Described Policies Be Cancelled Before The Expiration Date of the Expiration Described Policies Be Cancelled Before The Expiration Date of the Expiration Described Policies Be Cancelled Before The Expiration Date of the Expiration Date o | | | | | |