

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).

th	s certificate does not confer rights t	o the	certi	ficate holder in lieu of su			•				
PRO	DUCER				CONTAC NAME:	Kristi Bud	ckland				
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 : :: :: :: :: ::	sureitall.com	·			
						INS	SURER(S) AFFOR	RDING COVERAGE	N.	AIC#	
Ammon ID 83406					INSURER A: Markel American Insurance Company			2	8932		
INSURED					INSURER B:						
Jadon W Enterprises DBA Elite Recovery Services					INSURER C:						
148 S DOWLEN RD					INSURE	RD:					
PMB 797						INSURER E :					
BEAUMONT			TX 77707			INSURER F:					
			TIFICATE NUMBER:			REVISION NUMBER:					
IN 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 F	UIREN RTAIN, POLICI	IENT, THE ES. LI	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$	i		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	i		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							\$ COMBINED SINGLE LIMIT \$			
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
	AUTOS ONLY AŬTOS ONLY							(Per accident) \$			
	UMBRELLA LIAB OCCUB							·			
	- SYSTEM LIAB							EACH OCCURRENCE \$			
	DED RETENTION \$	1						AGGREGATE \$			
	WORKERS COMPENSATION	1						PER OTH-	'		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT \$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								Dishonesty Bond	1,00	0,000.00	
A	Dishonesty Bond			5207PR014041-05-136		2/1/2025	2/1/2026				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)			
CERTIFICATE HOLDER						CANCELLATION					
FOR INFORMATIONAL PURPOSES ONLY ANY ALTERATION OF THIS DOCUMENT IS STRICTLY PROHIBITED					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 KRISTI BUCKLAND						