

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/1/2022

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).											
PRODUCER			CONTACT NAME: Christy Laiben								
Arthur J. Gallagher Risk Management	Services	PHONE (A/C, No, Ext): 314-800-2272 (A/C, No): 866-203-7406									
12444 Powerscourt Drive Saint Louis MO 63126		(A/C, No, Ext): 314-000-2272 (A/C, No): 000-203-7400 E-MAIL									
Saint Louis MO 63126			12 3 13								
							NAIC#				
INSURED		License#: BR-724491 WALSSER-01	INSURER A: Evanston Insurance Company				35378				
Walsh Service Solutions		Wildelitoi					23043				
5706 Saddle Club Dr	INSURER C: Markel American Insurance Company				28932						
Kalamazoo MI 49009-9737	INSURER D:										
			INSURER E:								
			INSURER F:			4					
		E NUMBER: 1362695889	·= ====: :=== A =		REVISION NUMBER:	15 20110					
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.											
INICO	ADDI SUBF	9		POLICY EXP (MM/DD/YYYY)							
TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER MKLV3ENV103292	(MM/DD/YYYY) 7/5/2022	7/5/2023	LIMIT		200				
		WKLV3ENV103292	1/5/2022	1/5/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0					
CLAIMS-MADE X OCCUR						\$ 50,000					
					MED EXP (Any one person)	\$ 5,000					
					PERSONAL & ADV INJURY	\$ 1,000,0					
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,0					
X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,0	000				
OTHER:					COMBINED SINGLE LIMIT	\$					
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$					
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident)	\$					
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
						\$					
A X UMBRELLA LIAB X OCCUR		MKLV3EFX101018	7/5/2022	7/5/2023	EACH OCCURRENCE	\$ 10,000	,000				
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000	,000				
DED RETENTION\$					DED	\$					
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC533SB21R2D012	2/19/2022	2/19/2023	PER OTH- STATUTE ER						
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 1,000,0	000				
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0	000				
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,0					
C Hull, Protection, & Indemnity		9CE3292-0	4/8/2022	4/8/2023	General Aggregate Each Occurrence	2,000,0 1,000,0					
					Zadir dadaridi.dd	1,000,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL				e space is require	ed)						
Professional Liability and Pollution Liability	included v	vitnin General Liability \$1,0	00,000 Limit.								
	/										
CERTIFICATE HOLDER			CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDANCE WITH THE POLICY PROVISIONS.											
For Informational Purposes	3		AUTHORIZED REPRESE	UTHORIZED REPRESENTATIVE							
	Com R Parry										



PRODUCER

VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY) 08/02/2022

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.

KORY WAGONMAKER

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

Staterarm						(A/C, No, Ext): 269-488-4900 (A/C, No): 269-216-4330					
STATE FARM INS						E-MAIL ADDRESS:	E-MAIL ADDRESS:				
4644 WEST MAIN ST						PRODUCER CUSTOMER ID #:					
KALAMAZOO MI 49006						INSURER(S) AFFORDING COVERAGE NAIC #					
INSU	RED					INSURER A :	(2)				
WALSH SERVICE SOLUTIONS LLC						INSURER B:					
5706 SADDLE CLUD DR											
		KALAMAZOO MI 4	0009				INSURER C:				
							INSURER D:				
DE	2CDII	PTION OF VEHICLE OR	EOHIDMENT	г		INSURER E :					
_	EAR	MAKE / MANUFACTURE		MODEL		BODY TYPE		VEHICLE IDENTIFICATION NU	IMBER		
2020 FORD F150				PICKUP		1FTEW1EP8LFA36858					
1.00							QUIPMENT VALUE SERIAL NUMBER				
					\$						
CO	/FRA	AGES	CERTIFIC	ATE NUMBER:	Ψ		REVISION NUMBER:				
					D BELOW	HAS/HAVE BEE	N ISSUED TO THE I		FOR THE POLICY		
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).											
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE		POLICY NUMBER		OLICY EFFECTIVE ATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	TS		
		X VEHICLE LIABILITY						COMBINED SINGLE LIMIT	\$		
			707.0040	E04 00D		00/04/0000	10/04/0000	BODILY INJURY (Per person)	\$ 1 MM		
			707 9646	-F04-22D		06/04/2022	12/04/2022	BODILY INJURY (Per accident)	\$ 1 MM		
								PROPERTY DAMAGE	\$ 1 MM		
		GENERAL LIABILITY						EACH OCCURENCE	\$		
	OCCURRENCE							GENERAL AGGREGATE	\$		
		CLAIMS MADE							\$		
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	YPE OF INSURANCE POLICY NUMBER			OLICY EFFECTIVE ATE (MM/DD/YYYY)		LIMITS / DEI	DUCTIBLE		
		VEH COLLISION LOSS						☐ ACV ☐ AGREED AMT	\$ LIMIT		
	İ							☐ STATED AMT	\$ DED		
		VEH COMP VEH O	ГС					☐ ACV ☐ AGREED AMT	\$ LIMIT		
								☐ STATED AMT	\$ DED		
		EQUIPMENT			Ť			☐ ACV ☐ AGREED AMT			
		BASIC BROAD						☐ RC ☐ STATED AMT	\$ LIMIT		
		SPECIAL							\$ DED		
		4									
REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
AD	DITIO	NAL INTEREST				C	ANCELLATION				
Select one of the following:							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED				
The additional interest described below has been added to the policy(ies) listed herein by policy number(s). A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).							BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		QUIPMENT INTEREST:	LEASED	FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST						
NAME AND ADDRESS OF ADDITIONAL INTEREST							ADDITIONAL INSURED LOSS PAYEE				
							LENDER'S LOSS PAYEE				
						LC	LOAN / LEASE NUMBER				
l							ITUODIZED DEDDECENT				