

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).										
PRODUCER Arthur J. Gallagher Risk Management Services, LLC						NAME: Christy Laiben				
12444 Powerscourt Drive						(A/C, No, Ext): 314-800-2272 (A/C, No): 800-203-7400				
Suite 500 St. Louis MO 63131						ADDRESS: Christy_Laiben@ajg.com				
						INSURER(S) AFFORDING COVE				NAIC #
WALSSER-01						INSURER A : Evanston Insurance Compa				35378
INSURED WALSSER-01 Walsh Service Solutions LLC						INSURER B : Liberty Mutual Insurance Pripany				23043
5706 Saddle Club Dr						INSURER C : Hanover Insurance C any				22292
Kalamazoo MI 49009-9737						INSURER D :				
						INSURER E :				
						NSURER F :				
COVERAGES CERTIFICATE NUMBER: 1188237587 REVISION MBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED THE INSURED NAMED ABLE OF THE POLICY PERIOD EVEN DECEMBER: 1000 DECEMBER: 10000 DECEMBER: 1000 DECEMBER:										
IN C	IDICA ERTI	ATED. NOTWITH THAT THE POLICIES FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIR PERT	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT		DOCUMENT WITH E	ст то и	THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	(Y)	P EXP (MMA YY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY			MKLV3ENV104390	2/19/2	2/19/2	EACH	\$ 1,000,	,000
		CLAIMS-MADE X OCCUR						AM O RENTED 2S (Ea occurrence)	\$ 50,000	0
								EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,	,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,	,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000, \$	
	A 1 1 T	OTHER:						COMBINED SINGLE LIMIT	\$	
	AUI							(Ea accident) BODILY INJURY (Per person)	\$ \$	
		OWNED SCHEDULED						BODILY INJURY (Per accident)		
		AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	\$ \$	
		AUTOS ONLY AUTOS ONLY						(Per accident)	\$ \$	
A	x				MKL X101452	2/10/2024	2/10/2025			
A	<u> </u>				MKL TX101452	2/19/2024	2/19/2025	EACH OCCURRENCE	\$ 10,000	
		CLAIMS						AGGREGATE	\$ 10,000	0,000
В	WOF	DED RETENTION \$				0/40/0004	0/40/0005	X PER OTH-	\$	
D	AND	EMPLOYERS' LIABILITY			NC5-33S-B21R	2/19/2024	2/19/2025			
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$ 1,000,	
		ndatory in NH)						E.L. DISEASE - EA EMPLOYEE		
0		s, describe under CRIPTION OF OPENER S below				4/0/0000	4/0/0004	E.L. DISEASE - POLICY LIMIT	\$ 1,000,	,000 chedule
С	Inlar	nd Marine Equation 100			IHC J376754 00	4/8/2023	4/8/2024	CE Limit Unscheduled	\$25,00	
		TION OF TRATIONS CONSISTENT ONS / Visional L, Constant of Constant	ES (A nclud		101, Additional Remarks Schedu ithin General Liability \$1,0		e space is require	ed)		
CE	RTIF	ICATE HOLDER				CANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
For Informational Purposes						AUTHORIZED REPRESENTATIVE				

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