

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2024

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).

um	s certificate does not comer rights to	J LITE	CEILI	ilcate floider ill fled of Su						
PRODUCER CONTACT NAME: Kristi Buckland										
Pro Surety Bond					PHONE (A/C, No. Ext): (208) 522-3380 FAX (A/C, No.): (919) 702-4854					
919 S 25 E					PHONE (A/C, No, Ext): (208) 522-3380 FAX (A/C, No): (919) 702-4854 E-MAIL ADDRESS: kristi@prosuretybond.com					
				INSURER(S) AFFORDING COVERAGE					NAIC #	
Amı	non			ID 83406	INCLIDE		, ,	rance Company		28932
INSURED				INSURER B:					20,02	
Xtreme Auto Recovery, Inc.								-		
17 FREDERICK ST			INSURER C:							
1/ FREDERICK S1				INSURER D :						
			NW 12044	INSURER E :						
CONSTANTIA			NY 13044			INSURER F:				
			TIFICATE NUMBER:			REVISION NUMBER: EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR.				
INI CE EX	DICATED. NOTWITHSTANDING ANY REQU	JIREMENT, TERM OR CONDITION OF A TAIN, THE INSURANCE AFFORDED BY DLICIES. LIMITS SHOWN MAY HAVE E			NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE \$	3	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	3	
	_ _							MED EXP (Any one person) \$	3	
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	3	
	ANY AUTO							BODILY INJURY (Per person) \$	3	
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	3	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$	<u> </u>	
	AUTOS ONLY AUTOS ONLY							(Per accident)	<u> </u>	
	UMBRELLA LIAB OCCUR									
	EVERGLIAR							EACH OCCURRENCE \$		
	CLAIWS-WADE	1						AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							\$ PER OTH-	5	
	AND EMPLOYERS' LIABILITY Y / N							' '		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	<u> </u>	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	5	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	3	
	Dishonesty Bond							Dishonesty Bond		1,000,000.00
A	Distionesty Bond			5207PR014041-05-235		02/20/2024	02/20/2025			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CER	TIFICATE HOLDER		CANC	CANCELLATION						
FOR INFORMATIONAL PURPOSES ONLY					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ANY ALTERATION OF THIS					AUTHORIZED REPRESENTATIVE					
DOCUMENT IS STRICTLY PROHIBITED					KRISTI BUCKLAND					