

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV	_					LDER.	-
BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AN			CONTRACT BETW	EEN THE IS	SUING INSURER(S), AUT	HORIZ	ED
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the tern	ns and conditions of the	policy, certain polic	ies may req			
PRODUCER		ficate noider in neu of su	CONTACT NAME: Kristi Bud				
	PHONE (208) 522 2280 FAX (010) 702 4854						
Pro Surety Bond			(A/C, No, Ext): (200) 322-3380 (A/C, No): (919) 702-4834				
919 S 25 E			ADDRESS: kristi@prosuretybond.com				
			INSURER(S) AFFORDING COVERAGE				NAIC #
Ammon ID 83406			INSURER A : Markel American Insurance Company				28932
INSURED			INSURER B :				
Tri Star Recovery Service,			INSURER C :				
PO BOX 313			INSURER D :				
		INSURER E :					
ST PETERS		MO 63376	INSURER F :				
	TIFICATE	NUMBER:	INSORER F.		REVISION NUMBER:		
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O	-	-					D
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	JIREMENT, TAIN, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CONTRACT OR OTHE POLICIES DESCI	THER DOCUM	ENT WITH RESPECT TO WH	IICH THI	
INSR	ADDLSUBR		POLICY EFF	POLICY EXP	LIMIT	6	
TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			
					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 AGG	\$	
						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					· /	\$	
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						Φ	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						\$	
					Dishonesty Bond	Ψ	\$1,000,000.00
A Dishonesty Bond		5207PR014041-05-279	04/02/2024	04/02/2025	Distonesty Dona		\$1,000,000.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schec	Jule, may be attached if m	ore space is req	Luired)		
CERTIFICATE HOLDER		CANCELLATION					
FOR INFORMATIONAL PUP	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			KRISTI BUCKLAND				
PROHIBITED			en et sine nor rokategisteristi († 1927 - 1937 - 1937)				

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