

CERTIFICATE OF LIABILITY INSURANCE

MNELSON

DATE (MM/DD/YYYY)	
6/11/2020	

MICHCRE-03

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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.												
lf	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).											
						CONTA NAME:						
Doyle & Ogden Inc 3330 Broadmoor Ave SE Suite E Grand Rapids, MI 49512											949-9568	
					E-MAIL ADDRESS: info@doyle-ogden.com							
							INSURER(S) AFFORDING COVERAGE NAIC #					
												23043
INSU	RED						INSURER B :					
		Michigan C	reditors Service	LLC			INSURE					
		4500 Řeme	mbrance Rd NW				INSURER D :					
		Walker, MI	49543				INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFI	САТ	E NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					PECT TC	WHICH THIS						
INSR LTR		TYPE OF INS	URANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
		COMMERCIAL GENE								EACH OCCURRENCE	\$	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
										MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$		
									GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGO	; \$ \$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS									BODILY INJURY (Per accider	t) \$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENT									\$	
A		KERS COMPENSATIC EMPLOYERS' LIABILI	TY						a /a /= - · · ·	X PER OTH- STATUTE ER		
				N/A		WC5-39S-741645-010		6/3/2020	6/3/2021	E.L. EACH ACCIDENT	\$	100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYI	E \$	100,000	
	DESC	CRIPTION OF OPERA	TIONS below							E.L. DISEASE - POLICY LIMI	5	500,000
DES	CRIPT	ION OF OPERATIONS	/ LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ule, may t	e attached if mor	e space is requi	red)		
CE	CERTIFICATE HOLDER CANCELLATION											
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	CANCELLATION
Proof of Insurance	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