



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/4/2025

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 Insure It All 919 S 25th East Ammon ID 83406	CONTACT NAME: Shane Foster PHONE (A/C, No, Ext): 208-497-0101 FAX (A/C, No): 208-902-3727 E-MAIL: shane@insureitall.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Rock Ridge Insurance Company INSURER B: Markel American Insurance Company INSURER C: Texas Mutual Insurance Company INSURER D: Apogee Insurance Company INSURER E: Kinsale Insurance Company INSURER F: Knightbrook Insurance Company
INSURED Metro Investigation and Recovery Solutions Inc DBA Final Notice, LLC PO Box 702 White Marsh MD 21162	NAIC # 11089 28932 22945 14388 38920 13722

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Wrongful Repossession GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BE91000061-00	07/31/2024	07/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Wrongful Repossession \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BE8111000462-00	07/31/2024	07/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Drive Away Liability \$ 1,000,000
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100249824-1	7/31/2024	7/31/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	0002049487-1	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A,D	Garage Keepers/On-Hook Cyber Liability 7/20/24-7/20/25	Y		BE8111000462-00	07/31/2024	07/31/2025	Garage Keeper Direct Pr \$ 1,000,000 On Hook \$ 100,000 Cyber AB-6731303-01 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is Named as Additional Insured in regards to both General and Auto Liability.

30 Day Notice of Cancellation with additional 10 days for non payment. Our office will notify direct within 72 hours of Agency notification.

CASA Association Dishonesty Policy Markel American Insurance Company #5207PR014041-06-31 eff. 07/31/2024 - 07/31/2025 for \$1,000,000

Storage Locations: 11051 Pulaski Hwy White Marsh, MD 21162, 4221 Curtis Avenue Baltimore, MD 21226, 7908 Bellefonte Lane Clinton, MD 20735, 8595 Dorsey Run Rd Annapolis Junction, MD 20701, 10202 Deer Trail Drive Houston, TX 77038, 210 N Loop 336 E Conroe, TX 77301, 9201 TAVENOR LN HOUSTON, TX 770752329, 12 PEOPLES DR NEWARK, DE 197021323. 2507

Bladensburg Rd NE Washington DC 20018, 700 West Sunset Ave Greensboro, MD 21639, 5090 Mountville Road Fredrick, MD 21073, 27008 FM 2978 Magnolia TX 77354

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

ANY ALTERATION OF THIS
DOCUMENT IS STRICTLY
PROHIBITEDSHOULD 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

Shane Foster

© 1988-2015 ACORD CORPORATION. All rights reserved.