

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/15/2024

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).

PRODUCER   CONTACT   Which Duddlend												
PRODUCER						NAME: Kristi Duckiand						
Pro Surety Bond					[(A/O, NO, EXI).					702-4854		
919 S 25 E						E-MAIL ADDRESS: kristi@prosuretybond.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #		
Ammon ID 83406					INSURER A: Markel American Insurance Company					28932		
INSURED					INSURER B:							
Guardian Services, LLC					INSURER C:							
PO BOX 641387					INSURER D :							
					INSURER E :							
KENNER LA 70064					INSURER F:							
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 PER									Y PERIC	DD I		
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			ES. LI ISUBR		EEN REL	POLICY EFF	POLICY EXP	T				
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	` ·	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	LIMPRELLALIAR											
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE		\$		
	DED RETENTION \$							I DED	LOTIL	\$		
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE	NT	\$		
	Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
								Dishonesty Bo	nd		1,000,000.00	
A	Dishonesty Bond			5207PR014041-05-194		02/15/2024	02/15/2025					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	dule, may	be attached if mo	ore space is requ	uired)	!			
CERTIFICATE HOLDER						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					KRISTI BUCKLAND							
DDOUBLITED						ing i www.pentF						