

## 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).

| this certificate does not confer rights to   | the                              | certi | ficate holder in lieu of su     |          |   |                               |                                     |            |    |              |  |
|--|----------------------------------|-------|---------------------------------|----------|---|-------------------------------|-------------------------------------|------------|----|--------------|--|
| PRODUCER   | CONTACT<br>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   |                                  |       |                                 |          | E-MAIL<br>ADDRESS: kristi@coveryourstuff.com  |                               |                                     |            |    |              |  |
|  |                                  |       |                                 |          | INS   | URER(S) AFFOR                 | DING COVERAGE                       |            |    | NAIC#        |  |
| Ammon ID 83406   |                                  |       |                                 |          | INSURER A: Markel American Insurance Company  |                               |                                     |            |    | 28932        |  |
| INSURED  |                                  |       |                                 |          | INSURER B:  |                               |                                     |            |    |              |  |
| BB Towing Asset Recovery LLC   |                                  |       |                                 |          | INSURER C:  |                               |                                     |            |    |              |  |
| 218 NAHALE-A AVE   |                                  |       |                                 |          | INSURER D:  |                               |                                     |            |    |              |  |
|  |                                  |       |                                 |          | INSURER E :   |                               |                                     |            |    |              |  |
| HILO HI 96720  |                                  |       |                                 |          | 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 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.    NSR |                                  |       |                                 |          |   |                               |                                     |            |    |              |  |
| INSR<br>LTR TYPE OF INSURANCE  | TYPE OF INSURANCE INSD           |       | POLICY NUMBER                   | UMBER (  |   | POLICY EXP<br>(MM/DD/YYYY)    | LIMITS                              |            |    |              |  |
| COMMERCIAL GENERAL LIABILITY   |                                  |       |                                 |          |   |                               | EACH OCCURRENCE \$                  |            |    |              |  |
| CLAIMS-MADE OCCUR  |                                  |       |                                 |          |   |                               | DAMAGE TO RENT<br>PREMISES (Ea occu |            | \$ |              |  |
|  |                                  |       |                                 |          |   |                               | MED EXP (Any one                    |            | \$ |              |  |
|  |                                  |       |                                 |          |   |                               | PERSONAL & ADV                      | INJURY     | \$ |              |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |                                  |       |                                 |          |   |                               | GENERAL AGGREC                      | SATE       | \$ |              |  |
| POLICY PRO-<br>JECT LOC  |                                  |       |                                 |          |   |                               | PRODUCTS - COMP                     | P/OP AGG   | \$ |              |  |
| OTHER:   |                                  |       |                                 |          |   |                               |                                     |            | \$ |              |  |
| AUTOMOBILE LIABILITY   |                                  |       |                                 |          |   |                               | COMBINED SINGLE (Ea accident)       | LIMIT      | \$ |              |  |
| ANY AUTO   |                                  |       |                                 |          |   | BODILY INJURY (Per person) \$ |                                     |            |    |              |  |
| OWNED SCHEDULED AUTOS ONLY   | AUTOS ONLY AUTOS                 |       |                                 |          | BODILY INJURY (Per accident) \$   |                               | \$                                  |            |    |              |  |
| HIRED NON-OWNED AUTOS ONLY   |                                  |       |                                 |          |   |                               | PROPERTY DAMAG<br>(Per accident)    | SE         | \$ |              |  |
|  |                                  |       |                                 |          |   |                               |                                     |            | \$ |              |  |
| UMBRELLA LIAB OCCUR  |                                  |       |                                 |          |   |                               | EACH OCCURRENCE                     | CE         | \$ |              |  |
| EXCESS LIAB CLAIMS-MADE  |                                  |       |                                 |          |   |                               | AGGREGATE                           |            | \$ |              |  |
| DED RETENTION \$   |                                  |       |                                 |          |   |                               |                                     |            | \$ |              |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |                                  |       |                                 |          |   |                               | PER<br>STATUTE                      | OTH-<br>ER |    |              |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below   |                                  |       |                                 |          |   |                               | E.L. EACH ACCIDE                    | NT         | \$ |              |  |
|  |                                  |       |                                 |          |   |                               | E.L. DISEASE - EA I                 | EMPLOYEE   | \$ |              |  |
|  |                                  |       |                                 |          |   |                               | E.L. DISEASE - POL                  | ICY LIMIT  | \$ |              |  |
| D'1 ( D 1  |                                  |       |                                 |          |   |                               | Dishonesty Box                      | nd         |    | 1,000,000.00 |  |
| A Dishonesty Bond  |                                  |       | 5207PR014041-05-167             |          | 02/15/2024  | 02/15/2025                    |                                     |            |    |              |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | ELES (                           | ACORI | D 101, Additional Remarks Sched | ule, may | be attached if m  | ore space is requ             | uired)                              |            |    |              |  |
| CERTIFICATE HOLDER   |                                  |       |                                 |          | CANCELLATION  |                               |                                     |            |    |              |  |
| FOR INFORMATIONAL PURPOSES ONLY ANY ALTERATION OF THIS   |                                  |       |                                 |          | 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 |                               |                                     |            |    |              |  |
| DOCUMENT IS STRICTLY PROHIBITED  |                                  |       |                                 |          | KRISTI BUCKLAND   |                               |                                     |            |    |              |  |