

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<u> </u>						2/21/2024
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI	IVELY OR I JRANCE D	NEGATIVELY AMEND, EX OES NOT CONSTITUTE A	TEND OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLICIES
REPRESENTATIVE OR PRODUCER,						
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	t to the teri	ms and conditions of the	policy, certain polic	ies may req		
this certificate does not confer rights PRODUCER	to the cert	ificate holder in lieu of su				
	CONTACT NAME: Kristi Buckland PHONE (200) 522 2380					
Pro Surety Bond			(A/C, No. Ext): (208) 322-3380 (A/C, No): (919) 702-4834			
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 :			
The Peak Service Corporation			INSURER C :			
PO BOX 2329			INSURER D :			
CINNAMINSON NJ 08077			INSURER E :			
CINNAMINSON	INSURER F :					
		NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH	QUIREMENT ERTAIN, THE POLICIES. L	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BI	NY CONTRACT OR O THE POLICIES DESCI EEN REDUCED BY PA	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ICH THIS
INSR LTR TYPE OF INSURANCE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6
COMMERCIAL GENERAL LIABILITY				,		\$
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
OTHER:					:	\$
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO					, ,	\$
OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
					(\$
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MAD	E				AGGREGATE	\$
DED RETENTION \$						\$
WORKERS COMPENSATION					PER OTH- STATUTE ER	·
AND EMPLOYERS' LIABILITY	- 1					\$
ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						\$
					Dishonesty Bond	1,000,000.
A Dishonesty Bond		5207PR014041-05-253	02/21/2024	02/21/2025		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEI	IICLES (ACOF	RD 101, Additional Remarks Sched	dule, may be attached if m	ore space is req	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			
PROHIBITED						

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