

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	o tne	certi	ficate noider in lieu of su			ı		
PRODUCER			CONTAC NAME:	Kristi Duc	kland			
Pro Surety Bond					, Ext): (208) 52	22-3380	(A/C, No): (919) 7	02-4854
919 S 25 E					E-MAIL ADDRESS: kristi@coveryourstuff.com			
						URER(S) AFFOR	RDING COVERAGE	NAIC#
Ammon ID 83406					INSURER A: Markel American Insurance Company			28932
INSURED					INSURER B:			
Collateral Recovery Solutions, LLC					INSURER C:			
PO BOX 213					INSURER D:			
					INSURER E:			
ELON NC 27244					INSURER F:			
COVERAGES CER	TIFIC	ATE	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. INSRI INDICATE: POLICY EFF POLICY EXP								
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WIBBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPRESSATION AND REMPLOYERS LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE AGGREGATE \$ PER STATUTE \$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$	
A Dishonesty Bond			5207PR014041-05-177		02/15/2024	02/15/2025	E.L. DISEASE - POLICY LIMIT \$ Dishonesty Bond	1,000,000.00
CERTIFICATE HOLDER CANCELLATION FOR INFORMATIONAL PURPOSES ONLY ANY ALTERATION OF THIS DOCUMENT IS STRICTLY CANCELLATION CANCELLATION CANCELLATION 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 KRISTI BUCKLAND								
PROHIBITED				account to the contract of the				