

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).

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PRODUCER		CONTAC NAME:	KIISH DUC						
Insure It All					PHONE (A/C, No, Ext): 800-314-7003 (A/C, No):				
919 S 25 E					PHONE (A/C, No, Ext): 800-314-7003 (A/C, No): E-MAIL ADDRESS: kristi@insureitall.com				
					INSURER(S) AFFORDING COVERAGE			NAIC#	
Ammon ID 83406					INSURER A: Markel American Insurance Comapny			28932	
INSURED					INSURER B:				
Badgerland Auto Recovery Inc				INSURER C:					
PO BOX 75				INSURER D :					
<u> </u>					INSURER E :				
GREENDALE WI 53129					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								חכ	
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		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY	III I	*****			(,	(EACH OCCURRENCE \$		
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 \$		
PRO							PRODUCTS - COMP/OP AGG \$		
POLICY JECT LOC OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &		
AUTOS ONLY AUTOS ONLY							(Per accident)		
UMBRELLA LIAB OCCUB							ļ -		
L CCCOR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$ WORKERS COMPENSATION							S S S S S S S S S S S S S S S S S S S		
AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Did on the							Dishonesty Bond	1,000,000.00	
A Dishonesty Bond			5207PR014041-05-166		02/15/2024	02/15/2025			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
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 . PROHIBITED				KRISTI BUCKLAND					