

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2022

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 liquid found and properties.

tn	is certificate does not confer rights to	tne c	ertiti	cate noider in lieu of such							
PROI	DUCER				CONTACT Julie Harmsen						
Capital West Insurance						PHONE (A/C, No, Ext): (480) 838-8000 FAX (A/C, No): (480) 838-8002					
8501 N Scottsdale Rd						E-MAIL julie@capitalwestins.com					
Ste 200						INSURER(S) AFFORDING COVERAGE				NA10 #	
Scottsdale AZ 85253					INSURER A: American Zurich Insurance Company				NAIC # 40142		
INSURED						INOUNEIX A.				10112	
						INSURER B:					
Bigfoot Recovery, LLC						INSURER C:					
8534 US Highway 76						INSURER D:					
					INSURER E :						
Properity			SC 29127	INSURER F:							
				NUMBER: CL2272935788				REVISION NUMBER:			
	IIS IS TO CERTIFY THAT THE POLICIES OF I										
	DICATED.  NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERTA		,								
	CLUSIONS AND CONDITIONS OF SUCH PC							0000011071211121211110	,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY		1			(MINI/DD/1111)	(, 22, )	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIIVIS-IVIADE CCCOR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT			
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			5-22 07/29/2022		➤ PER OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE			677UD 4V50447 5 00		07/29/2022	07/29/2023	E.L. EACH ACCIDENT	<sub>\$</sub> 500,	,000	
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)			6ZZUB-1K53147-5-22				E.L. DISEASE - EA EMPLOYEE	s 500,	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	<u> </u>	,000	
	BECOM HOW OF OF ENVIROND BOOM							E.E. BIGENCE T GEIGT EIWIT			
									ĺ		
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01. Additional Remarks Schedule	may be a	ttached if more sn	ace is required)				
								lwestins com			
10 0	To validate proof of coverage please contact us directly by calling 480.838.8000, faxing 480.838.8002 or emailing info@capitalwestins.com.										
CEF	TIFICATE HOLDER		CANC	CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Allied Finance Adjusters								Y PROVISIONS.	בט ווא		
PO BOX 3853											
1 0 50% 3003						AUTHORIZED REPRESENTATIVE					
						Crita inm Col					
Midland		TX 79702			(XIXIMM LOL)						