

DSTROUSE



CERTIFICATE OF LIABILITY INSURANCE

5/9/2024

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).

th	is certificate does not confer rights				ıch enc	lorsement(s).		require an ena	OI SCIIICII	i. A 3	tatement on	
PRODUCER PayneWest Insurance - TAG 14900 SW Barrows Rd, Ste 202 Beaverton, OR 97007						CONTACT NAME: PHONE (OCC) 27C 277E FAX (OCC) 24E FO4D						
						(A/C, No, Ext): (806) 276-3775 (A/C, No): (806) 215-5018						
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Scottsdale Insurance Company					41297	
Insurance Fraud Specialists Inc 174 Watercolor Way #103-217 Santa Rosa Beach, FL 32459						INSURER B:						
						INSURER C: INSURER D:						
						INSURER E :						
						INSURER F:						
				E NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F IERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR WVD			POLICY EFF (MM/DD/YYYY)						
A	X COMMERCIAL GENERAL LIABILITY	INOD				5/8/2024	5/8/2025			\$	1,000,000	
	CLAIMS-MADE X OCCUR			RBS0262030				DAMAGE TO RENT PREMISES (Ea occi		\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:								,	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below			DD0000000		F/0/0004	F /0 /000F	E.L. DISEASE - POL	ICY LIMIT	\$	4 000 000	
	Errors & Omissions			RBS0262030		5/8/2024	5/8/2025	each claim			1,000,000	
А	Errors & Omissions			RBS0262030		5/8/2024	5/8/2025	aggregate			2,000,000	
DES	ERIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORI	 D 101, Additional Remarks Schedu	ule, may b	e attached if more	e space is requin	red)				
CERTIFICATE HOLDER						CANCELLATION						
Verification of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO DW	RIZED REPRESEI	NTATIVE					