

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/10/2023

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).

BIBERK					PHONE (A/C, No, Ext): 844-472-0967 FAX (A/C, No): 203-654-3613				
P.O. Box 113247 Stamford, CT 06911					E-MAIL ADDRESS: customerservice@biBERK.com				
Stannord, C1 00511					INSURER(S) AFFORDING COVERAGE				NAIC#
				INSU	RER A : Berkshire	Hathaway Direc	ct Insurance Company		10391
INSURED					INSURER B:				
ServiceBeaver					INSURER C:				
308	Rawhide Path				RER D :				
Keller, TX 76248-1663					INSURER E :				
	,				RER F:				
COVERAGES CERTIFICATE NUMBER:					XEIXT .		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.									
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
Α				N9BP859704	08/13/2023	08/13/2024	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	= \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS BEIOW						E.E. DIOLAGE TO CLOT CHAIT	Ψ	
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	E6 (5)	0000	404 Additional Demonto Cabadata	he ottook and if an a		 -d		
DEG	THE TOTAL OF EXPLORED ESCAPERIOR OF VEHICLE		OOK	TO I, Additional Nemarks Schedule, may	be adaptied if inot	e space is require			
CERTIFICATE HOLDER					CANCELLATION				
ServiceBeaver 308 Rawhide Path					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				
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