

JTROJAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2023

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 s certificate does not confer rights to	to the	terms and conditions of	the po	licy, certain ¡	policies may	•			
PROD	UCER			CONTACT NAME:						
360 F	Risk Management, Inc.			PHONE (A/C, No, Ext): (248) 360-4100 FAX (A/C, No): (248) 3				305-5154		
North	0 Haggerty Rd Suite 140 nville, MI 48167			E-MAIL ADDRESS: certs@360rmi.com						
				NAIC #						
				INSURE	14508					
INSUF	RED		INSURER B: Crum & Forster Indemnity Company					31348		
	Herndon & Associates			INSURER C:						
	33235 W. 7 Mile Road			INSURER D:						
	Livonia, MI 48152			INSURE						
				INSURE	RF:					
COV	ERAGES CERT	IFICATE	NUMBER:	REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F									
	CLUSIONS AND CONDITIONS OF SUCH P							I IO ALL	THE TERIVIS,	
NSR LTR		NDDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS		
Α	X COMMERCIAL GENERAL LIABILITY				,	, ,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR		C0509317		1/11/2024	1/11/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
		1			1	1				

LIK		THE OF INCOMMINE	INSD V	NVU	1 OLIO1 HOMBER	(MIN/DD/YYYY)	(MIM/DD/YYYY)	LIMIT	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			C0509317	1/11/2024	1/11/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			C0509317	1/11/2024	1/11/2025	BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB CLAIMS-MADE			L0301289	1/11/2024	1/11/2025	AGGREGATE	\$ 1,000,000
		DED X RETENTION\$							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							X PER OTH-	
			N/A		4087456164	9/7/2023	9/7/2024	E.L. EACH ACCIDENT	\$ 500,000
		(Mandatory in NH)		`				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability coverage includes Broad Form additional insured endorsement. The above referenced General Liability coverage includes Professional Liability coverage.

CERTIFICATE HO	LDER	CANCELLATION					
36135	on & Herndon Investigations, Inc Schoolcraft a. MI 48150	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
LIVOIII	a, MI 40130	AUTHORIZED REPRESENTATIVE					