

DSIMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/18/2024

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.

tł	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to the	tne certi	terms and conditions of ificate holder in lieu of su	tne po ich end	licy, certain lorsement(s)	policies may	require an endorsen	nent. A	statement on	
PRODUCER Vigilant Gulf Coast 29000 US Highway 98, Bldg C-201 Daphne, AL 36526						CONTACT Dana Sims Ellison					
						PHONE (A/C, No, Ext): (205) 492-2591 FAX (A/C, No):					
						E-MAIL ADDRESS: dana@vigilantins.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A : Evanston Insurance Company				35378	
INSURED Best Value Carriers, LLC 2526 Valleydale Road, Ste 200 Hoover, AL 35244						INSURER B:					
						INSURER C:					
						RD:					
1100101, AL 33277					INSURER E :						
						INSURER F:					
				NUMBER:		EEN IOOUED 3	TO THE INDIA	REVISION NUMBER		DOLLOW REDIOR	
	'HIS IS TO CERTIFY THAT THE POLICIE; NDICATED. NOTWITHSTANDING ANY RE										
С	CERTIFICATE MAY BE ISSUED OR MAY I	PER'	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	IES DESCRIB	ED HEREIN IS SUBJEC			
INSR	EXCLUSIONS AND CONDITIONS OF SUCH F		OI CIIDD			POLICY FFE POLICY FXP					
LTR A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			TBP0040-06		6/12/2024	6/12/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CEANNO-IVIADE X CCCCI			101 0040-00		0/12/2024	0/12/2023	, , , , , , , , , , , , , , , , , , , ,		5,000	
								MED EXP (Any one person) PERSONAL & ADV INJURY		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO LOC							PRODUCTS - COMP/OP AG		2,000,000	
	OTHER:							FRODUCTS - COMPTOR AC	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			TBP0040-06		6/12/2024	6/12/2025	BODILY INJURY (Per perso			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide			
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X CONTINGENT AUTO								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH	1-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	YEE \$		
	DESCRIPTION OF OPERATIONS below			IMC 40040		C/4.0/000.4	C/4.0/000E	E.L. DISEASE - POLICY LIN	ЛIT \$	250.000	
Α	CONTINGENT CARGO			IMS40818		6/12/2024	6/12/2025	LIADILIT		250,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
						V. 113 (110)1					
PROOF 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.					
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						AUTHORIZED REPRESENTATIVE					
		Pice Hassed									