

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
2/25/2025

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).

<b>PRODUCER</b> <b>Vigilant Gulf Coast</b> <b>29000 US Highway 98, Bldg C-201</b> <b>Daphne, AL 36526</b>	<b>CONTACT NAME:</b> Dana Sims Ellison	<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b> (205) 492-2591	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> dana@vigilantins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Evanston Insurance Company</b>	<b>NAIC # 35378</b>
<b>INSURED</b> <b>Best Value Carriers, LLC</b> <b>SCAC:BVCR</b> <b>2526 Valleydale Road, Suite 200</b> <b>Hoover, AL 35244</b>	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR		TBP0040-06	6/12/2024	6/12/2025	EACH OCCURRENCE	\$ 1,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
									MED EXP (Any one person)	\$ 5,000
									PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 2,000,000
									PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:										
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
									OTHER:	
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS		TBP0040-06	6/12/2024	6/12/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
			<input type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
			<input checked="" type="checkbox"/> CONTINGENT AUTO						BODILY INJURY (Per accident)	\$
									PROPERTY DAMAGE (Per accident)	\$
									\$	
		UMBRELLA LIAB	<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$
		DED		RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y / N					E.L. EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below		N / A					E.L. DISEASE - EA EMPLOYEE	\$
									E.L. DISEASE - POLICY LIMIT	\$
A		CONTINGENT CARGO			IMS40818	6/12/2024	6/12/2025		LIABILITY	300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<b>PROOF OF INSURANCE</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 