ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2022

									12	16/2022	
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).										
	DUCER				CONTA NAME:	^{ст} Jessica Za	kaszewski				
L Christian Bakar Company						PHONE (A/C, No, Ext): 717-761-4712 FAX (A/C, No): 717-761-5810					
						E-MAIL ADDRESS: wildlifeservice@christianbakerco.com					
					INSURER(S) AFFORDING COVERAGE NAIC						
					INSURER A : Cincinnati Insurance Companies					10677	
MYERSKE-01					•					100/1	
Myers Wildlife Services, Kevin Lee Myers					INSURER B :						
					INSURER C :						
	120 Stokes Ferry Road Id Hill NC 28071				INSURER D :						
00					INSURER E :						
						RF:					
COVERAGES CERTIFICATE NUMBER: 400784824 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 Revision number is the policy period											
IN C	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 S INSD V		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY			ETN0650463		10/12/2022	10/12/2023	EACH OCCURRENCE	\$ 1,000	,	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,0		
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,	
								PRODUCTS - COMP/OP AGG	\$ 2,000 \$,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
								AGGREGATE	э \$		
	DED RETENTION \$							PER OTH- STATUTE ER	¢		
									•		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DEC		50 (1)	0.057					-0			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL of Of Insurance	.ES (AC	ORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED I THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.											
	For Information Purposes (Dnly			AUTHO	RIZED REPRESE					
		-			-1						
Jray Minday											

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