



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2023

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).

<b>PRODUCER</b> <b>ISU - Cerva Browning, Quinn</b> <b>4746 S. 900 E., Suite 210</b> <b>Salt Lake City, UT 84117</b>	<b>CONTACT NAME:</b> William Shisler <b>PHONE (A/C, No, Ext):</b> 801-261-5678 <b>E-MAIL ADDRESS:</b> bill@cbqco.com	<b>FAX (A/C, No):</b> 801-263-2374
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Rennsli Corp</b> <b>Tommy Parish</b> <b>PO Box 2150</b> <b>Orem, UT 84059</b>	<b>INSURER A :</b> <b>Evanston Insurance Company</b>	
	<b>INSURER B :</b> <b>LIBERTY MUTUAL INSURANCE</b>	
	<b>INSURER C :</b> <b>Risk Placement Sercives, Inc</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		<b>NAIC #</b> <b>24082</b>

**COVERAGES**

CERTIFICATE NUMBER: 00000094-508087

REVISION NUMBER: 41

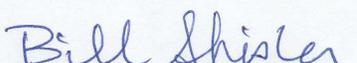
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MKLV5PPD008946	11/14/2023	11/14/2024	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS55135905	05/27/2023	05/27/2024	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	<b>Property</b>			1AA332758	10/22/2023	10/22/2024	<b>BUILDING</b> \$ <b>350,000</b>

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

EIC302201304 - General Liability - World Wide Coverage Endorsement

**CERTIFICATE HOLDER****CANCELLATION**

<b>Evidence 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>  (WS1)

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**Forms/endorsements:**

EIC302201304	Amendment of Territory - Worldwide Coverage
EIC411501203	25% Minimum Earned Premium Endorsement
EIC4373104	Addtl Insd End for Landlords, Sponsors or Lessors
EIC832011002	Asbestos Exclusion
MEGL15961112	Medical Payments Coverage
MEGL16620515	Exclusion - Unmanned Aircraft
MEGL18691114	Breach Mitigation Expense
MEIL13130212	Amd Def & Excls - Elect Data & Distr Mat Vio Stat
PD12000010304	Declarations General Liabilty Insurance
ZZ44002010100	Mold Exclusion
ZZ44003030115	Certified Acts of Terrorism Exclusion
ZZ50000030115	Policyholder Disclosure of Terrorism Insurance Cov
MDIL10010810	Forms Schedule
PD22000020604	GL (Including Products & Completed Ops) - CM Specimen Policy
EIC4355010207	Additional Insured - Vendors (Broad) (uwPD22000;701) Endorsement