

HENCA1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/13/2020

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.

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to				ıch ende	orsement(s)		require an endorsemen	t. As	tatement on	
PRODUCER The Thompson Group 12703 W State Road 32 Parker City, IN 47368						CONTACT Caitlin Henson					
						PHONE (A/C, No, Ext): (765) 625-1649 FAX (A/C, No): E-MAIL ADDRESS: caitlin@thethompsongroup.net					
	•									NAIC#	
				INSURER A : Liberty Mutual							
Kind Home Solutions LLC 4546 S Washington St						INSURER B : Barrett Business Services					
						RC:					
						INSURER D :					
Englewood, CO 80113					INSUREF	RE:					
					INSURE	RF:					
CC	OVERAGES CERT	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
l C	'HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION, THE INSURANCE AFFORD	N OF ANDED BY	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Α						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE OCCUR			BKS58455245		1/1/2020	1/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	OTHER:							COMBINED SINGLE LIMIT	\$		
	X ANY AUTO			BAS58455245		1/1/2020	1/1/2021	(Ea accident)	\$	1,000,000	
	OWNED AUTOS ONLY SCHEDULED AUTOS			DA330433243				BODILY INJURY (Per person)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
A	X UMBRELLA LIAB X OCCUR	=				1/1/2021	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			USO58455245			1/1/2020	AGGREGATE	\$		
	DED X RETENTION \$ 10,000							Prod/Compl Ops	\$	1,000,000	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER OTH- STATUTE ER				
			9	910689		7/5/2019	7/5/2020	E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (ACORI	D 101, Additional Remarks Schedu	ıle, may be	attached if mor	e space is requir	red)			
CERTIFICATE HOLDER						CANCELLATION					
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.					
					AUTHOR	IZED REPRESE	NTATIVE				
I						. /J/					

ACORD 25 (2016/03)