

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2015

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 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).

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PRODUCER	CONTA NAME:	Laura	/asquez							
Insure Idaho, LLC					PHONE (A/C, No, Ext): (208) 947-9777 FAX (A/C, No): (208) 947-9778					
1693 S. Spring Valley Ln Ste 200					E-MAIL ADDRESS: laura@insure-id.com					
Meridian ID 83642					INSURER(S) AFFORDING COVERAGE				NAIC#	
Meridian ib 63642					INSURER A : Security National Insurance Company				IVAIO#	
INSURED					INSURER B:					
The Greer Company LLC					INSURER C:					
18872 N Streams Edge Place					INSURER D :					
Boise, ID 83714					INSURER E :					
					INSURER F :					
COVERAGES CEI	RTIFIC	CATE	NUMBER:	TINOON			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 TYPE OF INSURANCE	ADDL	SUBR	8		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY	TINSU	VVVD	TOLIGI NOMBER		(MINIOS/1117)	(IIIIII/DD/1111/	EACH OCCURRENCE	\$1,00	0,000	
A CLAIMS-MADE X OCCUR				\			DAMACE TO DENITED		000	
SEALING WASE FEEL GOODIN			NA106223902		07/08/2015	07/08/2016	MED EXP (Any one person)	\$ 5,00	0	
							PERSONAL & ADV INJURY	\$1,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
OTHER:								\$		
AUTOMOBILE LIABILITY	+-	<b>†</b>					COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO					,		BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	) \$			
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS							(Per accident)	\$		
UMBRELLA LIAB OCCUP	+	-					EACH OCCURRENCE	\$		
- VOCCOR								\$		
T TOLANIO-WIAD	4						AGGREGATE	\$		
DED   RETENTION \$   WORKERS COMPENSATION	+	-					PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY	1						E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A									
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DÉSCRIPTION OF OPERATIONS below	+	+					E.L. DISEASE - POLICY LIMIT	Ъ	***************************************	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE alda Delimand					