

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2020

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. 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 liqu of such endorsement(s)

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PRODUCER			CONTACT NAME:	Kelly Frye			
The Insurance Station, Inc.			PHONE (A/C, No, Ext)	: (515) 967-0489	FAX (A/C, No):	(515) 9	967-2165
116 2nd St SE			E-MAIL ADDRESS:	kelly.frye@insurancestationinc.com			
PO Box 219				INSURER(S) AFFORDING COVERAGE			NAIC #
Altoona	IA	50009	INSURER A:	Owners Insurance			32700
INSURED			INSURER B :	Auto-Owners			18988
Hawkeye Claims Corp			INSURER C :	Taylor Insurance Services			
2600 72Nd St Ste M			INSURER D :				
			INSURER E :				
Urbandale	IA	50322-4724	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	2020-2021 Ma	aster	REVISION NU	MBER:	•	
THIS IS TO CERTIEV THAT THE BOLICIES OF INSLIBANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSLIBED NAMED ABOVE FOR THE BOLICY DEDICD							

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LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 10,000
Α					4936014301	12/01/2020	12/01/2021	PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 4,000,000
	×	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:						Liab and Med Exp	\$ 2,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$ 1,000,000
Α	OWNED AUTOS ONLY SCHEDULED AUTOS				4936014300	12/01/2020	12/01/2021	BODILY INJURY (Per accident)	\$ 1,000,000
	×	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 1,000,000
	×	19						Hired/borrowed	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$							\$
	_	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER STATUTE OTH-	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		39040630	12/01/2020	12/01/2021	E.L. EACH ACCIDENT	\$ 500,000
			"/"					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Pro	ofessional Liability							1,000,000
С	' '`	Noodonal Elability			P-001-000034591-03	09/26/2020	09/26/2021		
I DEG	DESCRIPTION OF ORED ATIONS / LOCATIONS / VEHICLES (ACORD 404 Additional Demarks Schodule, may be attached if mars areas in required)								

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

CERTIFICATE HOLDER			CANCELLATION				
	Hawkeye Claims Corp Office Use 2600 72nd St Ste M		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
2000 72Hd St Ste W			AUTHORIZED REPRESENTATIVE				
	Des Moines	IA 50322					