

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2022

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).

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PROD	UCER				CONTACT Carrie Collver						
Neal Dastrup Insurance - Orem 825 E 800 N						PHONE (A/C, No, Ext): 801-225-8008 FAX (A/C, No): 801-225-7999					
Orem, UT 84097						E-MAIL ccoicommercial@dastrupinsurance.com					
3.2, 2.2.2.						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Kinsale Insurance Company				NAIC #	
INSURED						INSUREIX A.					
					INSURER B:						
Redacted					INSURER C:						
					INSURER D:						
					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:					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 LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	01001423471		02/26/2022	(MM/DD/YYYY) 02/26/2023	EACH OCCURRENCE	\$	1,000,000	
ĺ .	CLAIMS-MADE OCCUR			· · · · · ·				DAMAGE TO RENTED		100,000	
	CLAIIVIS-IVIADE V UCCUR							PREMISES (Ea occurrence)	\$	1,000	
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	1,000,000	
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
li	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
li	AUTOS ONET							(i or decidority	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
l	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
l i								NOONEONIE	\$		
\vdash	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	D.		
	AND EMPLOYERS' LIABILITY Y / N							' '	_		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
\vdash	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	may be at	tached if more sp	ace is required)				
The	Certificate Holder is listed as Additional	Insur	ed - '	√endors.							
L CERTIFICATE HOLDER						CANCELLATION					
CENTILICATE ROLDER						CANCELLATION					
Tronic Distribution 502 W 8360 S						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Sandy, UT 84070					AUTHORIZED REPRESENTATIVE						
						D. + O. +					