

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/14/2022

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).

PRODUCER BIBERK		NAME: PHONE 844-472-0967 (AIC, No, Ext): (AIC, No):						
P.O. Box 113247		(A/C, No, Ext): E-MAIL customerserv	ice@biBERK.com					
Stamford, CT 06911		ADDRESS:						
			AFFORDING COVERAGE Fire Insurance Company	20052				
INSURED Linda Richardson Johnson		INSURER B :						
Linda Richardson Johnson		INSURER C :						
3810 Cove Road		INSURER D :						
Rowlett, TX 75088		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 ADI	DL SUBR	POLICY EFF POLICY (MM/DD/YYYY)	EXP					
TYPE OF INSURANCE INS	SD WVD POLICY NUMBER	(WINDD/1111) (WINDD/	EACH OCCURRENCE \$					
CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
CLAIMS-MADE OCCOR			MED EXP (Any one person) \$					
			PERSONAL & ADV INJURY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$					
POLICY PRO- LOC			PRODUCTS - COMP/OP AGG \$					
OTHER:			\$					
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$					
ANY AUTO			BODILY INJURY (Per person) \$					
OWNED SCHEDULED AUTOS			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &					
HIRED NON-OWNED AUTOS ONLY			(Per accident)					
			\$					
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$					
DED RETENTION\$			PER OTH-					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			STATUTE ER					
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	/ A		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$					
(Mandatory in NH) If yes, describe under			E.L. DISEASE - POLICY LIMIT \$					
DESCRIPTION OF OPERATIONS below				+ + + + + + + + + + + + + + + + + + + +				
A Professional Liability (Errors & Omissions): Claims-Made	N9PL432118	01/15/2022 01/15/		\$1,000,000/ \$1,000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
DESCRIPTION OF SE EMANUEL PARTIES.								
CERTIFICATE HOLDER	CANCELLATION	CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
Linda Richardson Johnson 3810 Cove Road Rowlett, TX 75088		THE EXPIRATION DATE	E THEREOF, NOTICE WILL BE	DELIVERED IN				
		ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE La Kest Grand						
							garen St	-
						0.4000.004	15 A CORD CORPORATION A	Il rights recogned