



CERTIFICATE OF LIABILITY INSURANCE

AMARSHALL

DATE (MM/DD/YYYY) 7/25/2024

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.

	is certificate does not confer rights to	J LITE	cert	ificate holder in lieu of su	icn endorsement(s)			
PRODUCER Meadors Adams & Lee, Inc.					CONTACT Alicia Marshall PHONE (A/C, No, Ext): (501) 906-6243 FAX (A/C, No):			
INSURED					INSURER(S) AFFORDING COVERAGE			NAIC #
					INSURER A: Ohio Security Insurance Co.			24082
					INSURER B : Ohio Casualty Insurance Company			24074
Crazy Dog Confections, Inc. 8615 Lee Lane Ft. Smith, AR 72903				INSURER C :				
					INSURER D:			
·					INSURER E :			
					INSURER F:			
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:			
INI CE	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF ANY CONTRAC DED BY THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR	TYPE OF INSURANCE	ADDI	SUBR		POLICY FFF	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CL.C. HOMBER	(IMIM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s 1,000,000
	CLAIMS-MADE X OCCUR	х	v	BZS60645331	12/1/2023	12/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	1 000 000
ŀ	CENTINO MAREE A COCCIO	^	X	D2300043331				15 000
ł							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ £ 2,000,000
ł	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC						GENERAL AGGREGATE	2 000 000
-	3201						PRODUCTS - COMP/OP AGG	\$, ,
_	OTHER:						COMBINED SINGLE LIMIT	\$ c 1,000,000
Α	AUTOMOBILE LIABILITY						(Ea accident)	\$ 1,000,000
	ANY AUTO	X	X	BZS60645331	12/1/2023	12/1/2024	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR	_			12/1/2023	12/1/2024	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			USO60645331			AGGREGATE	\$
	DED X RETENTION \$ 10,000						Aggregate	\$ 1,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				12/1/2024	PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	XWS60645331	12/1/2023		E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	1 000 000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	1 000 000
	DESCRIPTION OF OPERATIONS BEIOW						L.L. DISEASE - FOLICT LIMIT	Ψ
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE INS. AND KILW IN AND KILW INC. AND KILW INC. AND KILW INC.	ES (ACOB!	2 101 Additional Romarks Schodu	lo may be attached if mor	o enaco le roqui	end)	

ACORD 25 (2016/03)

1050 Bay View Road Petoskey, MI 49770

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AUTHORIZED REPRESENTATIVE