

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

			- ' `							08/	01/2022	
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 CONTACT NAME: SHERRY E TAYLOR												
SILVER KEY INSURANCE							PHONE (A/C, No, Ext): 208 939 7111 FAX (A/C, No): 208 939 6129					
280 S ACADEMY AVE STE 110 EAGLE, ID 83616							E-MAIL ADDRESS: sherry@silverkeyinsurance.com					
							INSURER(S) AFFORDING COVERAGE				NAIC #	
							INSURER A: AUTO OWNERS INSURANCE CO				32700	
INSURED SPRINKLER MEDIX LLC							INSURER B :					
							INSURER C :					
		545 LINDEN AVE	_			INSURER D :						
		REXBURG, ID 83440-2045			INSURER E :							
							INSURER F :					
COVERAGES CERTIFICATE NUMBER: 00046300-39246 REVISION NUMBER:										1		
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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	Χ	COMMERCIAL GENERAL LIABILITY			57307994		08/23/2022	08/23/2023	EACH OCCURRENCE	\$	300,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	300,000	
		I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:									\$		
Α	AUT				5330799405		05/31/2022	05/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO OWNED SCHEDULED								\$	1,000,000	
		AUTOS ONLY A AUTOS HIRED NON-OWNED							DDODEDTV DAMA OF	\$ \$	1,000,000	
		AUTOS ONLY X AUTOS ONLY							(Per accident)	\$	250,000	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION								PER OTH- STATUTE ER	+		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
	(Man	idatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
~												
CE	< I IF	ICATE HOLDER				CANC	CANCELLATION					
		Boden Huffaker REXBURG, ID 83440				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 999999999999999999999999999999999999						
							- © 19	88-2015 AC	ORD CORPORATION.	All ria	hts res	

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