

KGARD

ACORD®

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/24/2023

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).

tr	ils certificate does not confer rights t	o tne	cert	ificate noider in lieu of su							
PRODUCER						CONTACT Emma Kane					
CUI Agency, LLC 7730 S Union Park Ave, Ste. 250 Midvale, UT 84047-5565					PHONE (A/C, No, Ext): (801) 736-0653 118 FAX (A/C, No): (801) 352-1311						
					E-MAIL ADDRESS: emma@cuiagency.com						
					ADDKL					NAIC#	
						INSURER(S) AFFORDING COVERAGE INSURER A : Berkley National Insurance Company				38911	
W910-0						INSURER B: Employers Preferred Insurance Company				10346	
INSURED Kaizen Business Strategies, Inc. DBA: Enviro-Master Services											
of Utah 887 N 2325 W Layton, UT 840417338					INSURER C:						
					INSURE	RD:					
					INSURE	RE:					
					INSURER F:						
CO	VERAGES CEF	E NUMBER:	REVISION NUMBER:								
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TC	WHICH THIS	
NSR TYPE OF INSURANCE							POLICY EXP	LIMITS			
A			WVD			(אוואו) (אוואו)	(אוואויעט(אוואי)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			6056554		8/10/2023	8/10/2024	DAMAGE TO RENTED		300,000	
	SE MINE MINE X			0030334		0/10/2023	0/10/2024	PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000	
	X ANY AUTO		6056554			8/10/2023	8/10/2024	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i or assident)	\$		
Α	X UMBRELLA LIAB X OCCUR						8/10/2024	EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE	6056554			8/10/2023	8/10/2023		AGGREGATE	\$	2,000,000	
	DED RETENTION\$						AGGREGATE	\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				8/10		8/10/2024	X PER OTH-	Ф		
				EIG530960400		8/10/2023			_	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES /eri	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC fication of insurance is subject to the to	LES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
	indution of intolliance to cuspect to the t		uu 0	onditions of the policy.							
CERTIFICATE HOLDER						CANCELLATION					
- Proof of Insurance -					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						