Client#: 167298 JOHNINC1														
		CERTIFICATE OF LIAB					LITY INSURANCE					DATE (MM/DD/YYYY) 4/14/2022		
CI BI RI	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													
		pes not conf	er any righ	nts to tl	he ce	ertificate holder in lieu o		such endorsement(s).						
PRODUCER CBIZ Insurance Services, Inc. 3300 North A Street								CONTACT NAME: Robert Deal PHONE (A/C, No, Ext): 210 829-8840 FAX (A/C, No): E-MAIL ADDRESS: Robert.Deal@cbiz.com						
Suite 1100								ADDRESS: NODEN. Deal @ CDI2.COM INSURER(S) AFFORDING COVERAGE NAIC #						
Midland, TX 79705								INSURER A : Evanston Insurance Company						
INSURED JohnsonDanforth, Inc.								INSURER B : Lloyds of London INSURER C : StarNet Insurance Co.						
2200 N Rodney Parham Rd								INSURER D :						
	Little F	Rock, AR 7	2212-415	5		-	INSURER E :							
							INSURER F :							
	ERAGES					IUMBER:	REVISION NUMBER:							
IN CE EX	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	1	OF INSURANCE		ADDL SU	VD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)		LIMIT	-		
Α	CLAIMS-	MADE X 0	CCUR		ſ	MKLV4PBC002505		04/01/2022	04/01/2023	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ MED EXP (Any one	FED currence)	\$1,00 \$300, \$5,00	000	
										PERSONAL & ADV		\$1,00		
	GEN'L AGGREGAT		S PER:							GENERAL AGGRE	GATE	\$2,00	0,000	
	POLICY X	PRO- JECT	LOC							PRODUCTS - COM	IP/OP AGG	\$2,00	0,000	
В	OTHER: AUTOMOBILE LIABILITY ANY AUTO				F	RTSHNOA00823	04/07/2022	04/07/2023		\$ VED SINGLE LIMIT dent) S INJURY (Per person)		0,000		
	AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY	V NON-	EDULED OS OWNED OS ONLY							BODILY INJURY (F PROPERTY DAMA (Per accident)	Per accident)	\$ \$		
•												\$		
Α	UMBRELLA L X EXCESS LIAE DED		CCUR LAIMS-MADE		r	MKLV4EUL103805		04/01/2022	04/01/2023	EACH OCCURREN	ICE	\$1,00 \$1,00 \$		
С	WORKERS COMPE				E	BNUWC0156466		04/01/2022	04/01/2023	X PER STATUTE	OTH- ER	Ψ		
-	ANY PROPRIETOR/ OFFICER/MEMBER		UTIVE Y/N							E.L. EACH ACCIDE		\$1,00	0,000	
	(Mandatory in NH)		Ν	N/A						E.L. DISEASE - EA	EMPLOYEE	\$1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$1,000,00		0,000			
В	B Professional Liab				ANE439074422		01/31/2022	01/31/2023	B Each Claim \$1,000,000 Aggregate \$2,000,000					
DESC	RIPTION OF OPER	ATIONS / LOCAT	IONS / VEHIC	LES (AC	ORD 1	101, Additional Remarks Schedu	le, may	be attached if mo	ore space is requ	ired)				
GC license number 0334750521														
000		DEB					CANCELLATION							
CERTIFICATE HOLDER 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.						
							Mark 6. Store							

Mark 6. Store	
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