

CJOHNSON

DATE	(MM/DD/YYYY)	
3/	16/2022	

DISCFUR-01

1	-		;EF	RTI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE	3/	16/2022			
C B R	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.													
lf	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 Carlee Johnson							
583	Brier Payne Meade Insurance 5835 SW 29th Street Suite 201 Topeka, KS 66614									: (785) 2	233-2679			
						E-MAIL ADDRESS: cjohnson@bpminsurance.com					1			
	cna,	10 00014				INSURER(S) AFFORDING COVERAGE					NAIC #			
							INSURER A : United Fire & Casualty Company							
INSU	INSURED						INSURER B : National Liability & Fire Insurance Company							
		Discovery Furniture, Inc. 1901 SW Wanamaker Rd.												
		Topeka, KS 66604												
						INSURER E :								
со	VER	AGES CER	TIFI	САТЕ	E NUMBER:	REVISION NUMBER:								
	IDICA ERTI	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQU PEF	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESP	ECT TO	WHICH THIS			
INSR LTR		TYPE OF INSURANCE				DELINI	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS				
A	X	COMMERCIAL GENERAL LIABILITY	INSL						EACH OCCURRENCE	\$	1,000,000			
		CLAIMS-MADE X OCCUR			60425147		1/14/2022	1/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000			
									MED EXP (Any one person)	\$	5,000			
									PERSONAL & ADV INJURY	\$	1,000,000			
		I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	X	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000			
A		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000			
1	AUT X						4/44/2022	4/4 4/2022	(Ea accident)	\$	1,000,000			
	^	ANY AUTO OWNED AUTOS ONLY			60425147		1/14/2022	1/14/2023	BODILY INJURY (Per person)	\$				
		AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)) \$ \$				
										\$				
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000			
		EXCESS LIAB CLAIMS-MAD			60425147		1/14/2022	1/14/2023	AGGREGATE	\$	4,000,000			
		DED X RETENTION \$								\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Vowoosses		1/14/2022	4 14 4 100 00	X PER OTH- STATUTE ER		PAA 444			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N				V9WC323600	っとうないし		1/14/2023	E.L. EACH ACCIDENT	\$	500,000			
	(Man	datory in NH)							E.L. DISEASE - EA EMPLOYE	E \$	500,000			
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000			
1														
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)	1				
-														
CE	RTIF	ICATE HOLDER				CANC	ELLATION							
						THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.					
AUTHORIZED REPRESENTATIVE														

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