

GBEATON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2019

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).

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PRODUCER Mourer Foster, Inc 615 N. Capitol Ave.						CONTACT NAME: PHONE (A/C, No, Ext): (517) 371-2300 FAX (A/C, No): (517) 371-5059						
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC#	
						INSURER A : Talisman Casualty Insurance Co					15446	
Good Dog! Coaching & Pet Care 3891 Yellowstone Way Lilburn, GA 30047						INSURER B:						
						INSURER C:						
						RD:						
Liiburn, GA 30047					INSURER E :							
						INSURER F:						
				E NUMBER:				REVISION N				
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT V BED HEREIN IS	/ITH RESPE	CT TO	O WHICH THIS	
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,,	<u>, , , , , , , , , , , , , , , , , , , </u>	EACH OCCURRE	NCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			KP101740		4/1/2019	4/1/2020	DAMAGE TO REI	NTED ccurrence)	\$	300,000 10,000	
								MED EXP (Any or	•	\$	2,000,000	
								PERSONAL & AD		\$	4.000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGR		\$	4,000,000	
	OTHER:							PRODUCTS - CO		\$	25,000	
Α	AUTOMOBILE LIABILITY			KP101740		4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$		\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS									\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							1050	0711	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIE	ENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE		\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$		
Pet	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Training Services	LES (ACORI	ו ט זעד, Additional Remarks Schedu	ııe, may b	e attached if mor	e space is requi	red)				
FOR YOUR INFORMATION						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE					
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