



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2022

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 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 YourCompany.com An Network Member 22 Gore Corner Road Suite 1H Mana NJ 07726	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CONTACT NAME</td> <td colspan="2">Ben Lev</td> </tr> <tr> <td>PHONE (A/C, No., Ext)</td> <td>(999) 242-4895</td> <td>FAX (A/C, No) (999) 862-1887</td> </tr> <tr> <td>E-MAIL ADDRESS</td> <td colspan="2">Ben@yourcompany.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A Property and Casua ty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B Nat ona Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C Amer can Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D F re Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </table>	CONTACT NAME	Ben Lev		PHONE (A/C, No., Ext)	(999) 242-4895	FAX (A/C, No) (999) 862-1887	E-MAIL ADDRESS	Ben@yourcompany.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Property and Casua ty Insurance Co		INSURER B Nat ona Insurance Company		INSURER C Amer can Insurance Company		INSURER D F re Insurance Company		INSURER E		INSURER F	
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COVERAGES

CERTIFICATE NUMBER: 118965

REVISION NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			D954606	02/05/2022	02/05/2023	EACH OCCURRENCE \$ 1 000 000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1 000 000 MED EXP (Any one person) \$ 5 000 PERSONAL & ADV INJURY \$ 1 000 000 GENERAL AGGREGATE \$ 2 000 000 PRODUCTS - COMP/OP AGG \$ 2 000 000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			D954606	02/05/2022	02/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1 000 000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			D95462A	02/05/2022	02/05/2023	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 4 000 000 AGGREGATE \$ 4 000 000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71702052021	02/05/2022	02/05/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$ 1 000 000 E.L. DISEASE - EA EMPLOYEE \$ 1 000 000 E.L. DISEASE - POLICY L MIT \$ 1 000 000
C	Professional Liability			D95854618	02/05/2022	02/05/2023	\$1 000 000 Occurrence / \$1 000 000 Aggregate
D	3rd Party Crime			13TP0371595	02/05/2022	02/05/2023	\$5 000 000 Occurrence / \$5 000 000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder named as additional insured on your first written contract

CERTIFICATE HOLDER**CANCELLATION**

Source, Inc. 8 Three Cho Rd. Suite 14 Richmond VA 23228	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
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ACORD 25 (2014/01)

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CERT NO:118965