



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06-19-2023

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).

**PRODUCER**  
Berkshire Hathaway Direct Insurance Company  
1314 Douglas Street  
Omaha NE, 68102

**CONTACT NAME:**  
**PHONE** 800-507-4495  
(A/C, No, Ext):  
**FAX:** 800-589-7316  
(A/C, No):  
**E-MAIL**  
ADDRESS: service@threeinsurance.com

**INSURED**  
ALLAY POUCH DME, LLC  
363 E Business Highway 83 Apt 11  
Alamo, TX 78516-7122

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Berkshire Hathaway Direct Insurance Company	10391
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

### COVERAGES

### CERTIFICATE NUMBER:

### 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	SUB R WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y YYY)	POLICY EXP (MM/DD/YYYY )	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY			CP140197331P2 023	06/20/2023	06/20/2024	EACH OCCURRENCE	\$ 300,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$ 300,000
								GENERAL AGGREGATE	\$ 1,000,000
								PRODUCTS - COMP/OP AGG	\$ SEE GENERAL AGGREGATE
									\$
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							
A	AUTOMOBILE LIABILITY				CP140197331 P2023	06/20/2023	06/20/2024	COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY		SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
								HIRED AND NON - OWNED	\$300,000/1,000,0 00
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$	
	DED		RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A					PER STATUT E	OTHER
		Y / N						E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	ERRORS & OMISSIONS				CP140197331 P2023	06/20/2023	06/20/2024	PerOccur/Aggregate	\$300,000 / 1,000,000
		CYBER						PerOccur/Aggregate	\$300,000 / 1,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

ALLAY POUCH DME, LLC  
363 E. BUSINESS HWY.  
ALAMO, TX 78516

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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