ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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.

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
1015 Associates, LLC are additional insureds on a primary, non-contributory basis with respect to work performed by the named insured as required by written contract.

CERTIFICATE HOLDER

1015 Associates, LLC
1015 Locust, Suite 1000
St. Louis, MO 63101

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
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INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
2600 Island Boulevard Condo Assn, Inc, named as Additional Insured for General Liability as required by written contract.

CERTIFICATE HOLDER

2600 Island Boulevard Condo Association, Inc
2600 Island Blvd
Aventura, FL 33160

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Altus Bemiston, LLC and Altus Properties, LLC are additional insured's under the general liability, automobile liability and umbrella liability coverages with respect to work performed by the named insured at property located at the Bemiston Tower building respectively at 231 S. Bemiston Avenue, Clayton, MO 63105 as required by written contract. General liability, automobile liability and umbrella liability coverage is considered primary and non-contributory as required by written contract.

CERTIFICATE HOLDER

Altus Bemiston, LLC
c/o Altus Properties, LLC
231 S. Bemiston Avenue, Ste. 650
Clayton, MO 63105

CANCELLATION

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AUTHORIZED REPRESENTATIVE
John R. Drew

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A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
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							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
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Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Anderson Building Co.
135 Chester Avenue
Kirkwood, MO 63122

CANCELLATION

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								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
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Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
RE: Suites 213B & 304A of MBMC
BJC Health System d/b/a BJC HealthCare and Cassidy Turley Commercial Real Estate Services, Inc. d/b/a Cushman & Wakefield are included as additional insureds, but only to the extent of their liability resulting from the
negligence of the insured and with respect to services provided by the insured as required by written contract.

CERTIFICATE HOLDER

BJC Health System dba BJC HealthCare; Cassidy Turley
Commercial Real Estate Service
8300 Eager Road, Ste. 600D
St. Louis,, MO 63144

CANCELLATION

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John R. Drew

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Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim TREF I Laumeier II, LLC is an additional insured under the general liability coverage with respect to work performed by the named insured.

CERTIFICATE HOLDER

CBRE, agent for TREF I Laumeier II, LLC
3668 S. Geyer
St. Louis, MO 63127

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
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INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

RE: City Place 6 - Owner, MRES CP6 Holdings LP, and property manager, CBRE, Inc. are additional insureds under the general liability coverage on a primary and non-contributory basis with respect to work performed by the named insured per written contract.

CERTIFICATE HOLDER

CBRE, Inc.
Attn. Victoria Menke
6 Cityplace Dr., Ste. 175
St. Louis, MO 63141

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

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Saint Louis, MO 63110

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INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
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C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
Cerro Flow Products, Inc. is an additional insured under the general liability coverage with respect to work performed by the named insured as required by written contract.

CERTIFICATE HOLDER

Cerro Flow Products, Inc.
3000 Mississippi Avenue
Cahokia, IL 62206

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
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INSURER A : Protective Insurance Company	000784
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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

City of Chicago Department of Transportation
121 N. LaSalle St.
Room 905
Chicago, IL 60602

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.

AUTHORIZED REPRESENTATIVE
John R. Dreu

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

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								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SARA Investment REal Estate LLC and Corporate Hill Property Group, LLC are additional insureds under the general liability coverage as their interest may appear and as required by written contract.

CERTIFICATE HOLDER

Corporate Hill Property Group, LLC
c/o SARA Investment Real Estate LLC
1955 Atwood Avenue
Madison, WI 53704

CANCELLATION

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AUTHORIZED REPRESENTATIVE
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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CRP-2 Chesterfield, LLC; Balke Brown Transwestern; Colony Realty Partners, LLC and JPMorgan Chase Bank, N.A. are additional insureds under the general liability, auto liability and umbrella liability with respect to work performed by the named insured as required by written contract.

CERTIFICATE HOLDER

CRP-2 Chesterfield, LLC c/o Balke Brown Tramswestern
16305 Swingley Ridge Rd., #125
Chesterfield, MO 63017

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
RE: MGM Healthcare Move - DCM Group is an additional insured under the general liability coverage with respect to work performed by the named insured per written conract. A waiver of subrogation applies in favor of DCM Group under the general liability coverage.

CERTIFICATE HOLDER

DCM Group
8300 Eager Rd. Ste. 601
St. Louis, MO 63144

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

RE: Matt Richards March 30th Move

DNI Properties Inc. and 9 N Condo Association are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

DNI Properties Inc.
662 Office Parkway
Saint Louis, MO 63141

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

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INSURER A : Protective Insurance Company	000784
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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 5/1/20 Move - Custard Insurance Adjustors, 50 Crestwood Exec. Ctr. #200
Even Dozen Properties, LLC and Gershman Commercial Real Estate are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

Even Dozen Properties, LLC
Gershman Commercial Real Estate
15 N. Meramec, #500
Saint Louis, MO 63105

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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1001 Highlands Plaza Drive West
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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2021 Ford F650; Vin #1FDNX6AN0MDF00944
Ford Motor Credit is loss payee with respect to the above referenced vehicle, Comp/Coll Deductibles $1,000 each; ACV

CERTIFICATE HOLDER

Ford Motor Credit
PO Box 105704
Atlanta, GA 30348

CANCELLATION

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AUTHORIZED REPRESENTATIVE
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ABCQUAL-01 PCANNON

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INSURER D :	
INSURER E :	
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	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Freund & Co., L.C. is an additional insured under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

Freund & Co., L.C.
530 Maryville Centre Dr., Ste. 210
Saint Louis, MO 63141

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

GE Capital Corp
Steven Hill
P.O. Box 35704
Billings, MT 59107-5704

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.

AUTHORIZED REPRESENTATIVE
John R. Dreu

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ABCQUAL-01 PCANNON

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Saint Louis, MO 63110

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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2021 Hino L6; Vin #5PVNE8AV5M5T50006; Value - $105,051
Hitachi Capital America Corp. is loss payee with respect to the above referenced vehicle. Valuation is on an ACV basis and comprehensive and collision deductible are $1,000 each

CERTIFICATE HOLDER

Hitachi Capital America Corp.
800 Connecticut Avenue
Norwalk, CT 06854

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Home Advisor
14023 Denver West Parkway
Building #64, Ste. 200
Golden, CO 80401

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.

AUTHORIZED REPRESENTATIVE
John R. Dreu

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ABCQUAL-01 PCANNON

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INSURED
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P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
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	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
1000 Island Boulevard Condominium Assn. Inc is Additional Insured under General Liability as required by written contract.

CERTIFICATE HOLDER

INFO ONLY

CANCELLATION

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ABCQUAL-01 PCANNON

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Mike Munie
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St. Louis, MO 63118

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	OTHER:							$
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	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Warehouse - 3975 W. Outer Road, Arnold, MO 63010
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Jefferson Bank & Trust Company
5475 Southfield Center
Saint Louis, MO 63123

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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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
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
RE: Buildings located at 12444 & 12412 Powerscourt Drive Eckelkamp Manchester/270, L.L.C. (building owner), Kelley Real Estate, Inc. (property manager) and Heartland Bank (mortgagee) are additional insureds under the general liaiblity coverage with respect to work performed by the named insured as required by written contract.

CERTIFICATE HOLDER

Kelley Real Estate, Inc.
12444 Powerscourt Drive
Suite 150
St. Louis, MO 63131

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
4101 Laclede Condominium Association is an additional insured under the general liability coverage with respect to work performed by the named insured and as required by written contract,

CERTIFICATE HOLDER

Kevin Gowdy
4101 Laclede, Unit 512
Saint Louis, MO 63108

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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Saint Louis, MO 63110

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INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

Lincoln Property Company Commercial, Inc., SB/LPC 7777 Bonhomme LLC, and Stockbridge Capital are included as additional insureds under the general liability coverage, as required by written contract, with respect to work performed by the named insured.

CERTIFICATE HOLDER

Lincoln Property Company Commercial, Inc.
7777 Bonhomme Ave.
Clayton, MO 63105

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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INSURER A : Protective Insurance Company	000784
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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Lodisco
P.O. Box 787
Des Plaines, IL 60018

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Lodisco Inc.
Attn. John Mompier
1660 Carmen Dr.
Elk Grove Village, IL 60007

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.

AUTHORIZED REPRESENTATIVE
John R. Dreu

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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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
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

Metropolitan Square LLC; East 10th St. Louis LLC; Jones Lang LaSalle; and Wells Fargo Advisors, LLC are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

Metropolitan Square LLC c/o Jones Lang LaSalle
211 North Broadway, Ste. 1290
St. Louis, MO 63102

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Moving Insurance

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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ABCQUAL-01 PCANNON

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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							GENERAL AGGREGATE	$ 2,000,000
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								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Olneya Restoration Group
Attn. Crystal Anderson
1887 Craig Road
St. Louis, MO 63146

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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DATE (MM/DD/YYYY) 11/13/2020

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INSURED
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P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
Olneya Restoration Group is an addtional insured under the general liability coverage as their interest may appear and as required by written contract.

CERTIFICATE HOLDER

Olneya Restoration Group
1254 Beaver Creek Drive
St. Louis, MO 63017

CANCELLATION

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	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
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B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
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	DED X RETENTION $ 10,000							$
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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Reservation #:74694662

Penske Truck Leasing Co, L.P. and its partners are named as additional insured and loss payee for all vehicles leased or rented from Penske Truck Leasing Co, LP, including substitute, extra, permanent replacement, or interim vehicles; $175,000 limit; $1,000 Comp. / $1,000 Coll. deductibles

CERTIFICATE HOLDER

Penske Truck Leasing Co., LP
Rt. 10 Green Hills
PO Box 563
Reading, PA 19603

CANCELLATION

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Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
Penske Truck Leasing is loss payee and additional insured, as required by written contract, with respect to leased/rented vehicles; ACV not to exceed $100,000; $100 Comp Ded., $1,000 Coll Ded.

CERTIFICATE HOLDER

Penske Truck Rental
2210 S. 7th Street
St. Louis, MO 63104

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

8/3/19 Move

West Park I Investor, LLC, Larson Capital Fund I, LLC and MedRealty, LLC are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

Premier Financial Partners
12655 Olive Blvd., Ste. 300
Saint Louis, MO 63141

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
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INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
RE: MGM Healthcare Move RNSI City Place Owner LLC, REDICO Management Inc., JP Morgan Chase Bank and Wells Fargo Bank are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

REDICO Management Inc.
2 City Place Drive
Suite 460
Creve Coeur, MO 63141

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

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INSURED
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St. Louis, MO 63118

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
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	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Relo Van Lines
233 A Park St.
Hackensack, NJ 07601

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.

AUTHORIZED REPRESENTATIVE

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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								$
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	DED X RETENTION $ 10,000							$
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

Ryder Truck Rental, Inc, Ryder Truck Rental L.T. and their affiliates are added as Additional Insureds on all above described coverage, as required by written contract, and as Loss Payee as respects to their interests in all vehicles leased, rented, or supplied as a substitute or as an additional vehicle for use in operations of the named insured or any affiliate.

Hired physical damage limit is $170,000 subject to a $1000 deductible for Comprehensive and $1,000 decutible for Collison

CERTIFICATE HOLDER

Ryder Truck Rental, INC Ryder Truck Rental LT&Affiliat
6000 Windward Parkway
Alpharetta, GA 30005

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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INSURER D :	
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INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim
Sachs Holdings, Inc. is an additional insured under the general liability coverage, as required by written contract, with respect to work performed by the named insured.

CERTIFICATE HOLDER

Sachs Holdings, Inc.
400 Chesterfield Center
Suite #600
Chesterfield, MO 63017

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
South Woods Mill, LLC and Gershman Commercial Real Estate are additional insureds under the general liability coverage with respect to work performed by the named insured and as required by written contract.

CERTIFICATE HOLDER

South Woods Mill, LLC
Gershman Commercial Real Estate
150 N. Meramec Ave., Ste. 500
Saint Louis, MO 63105

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

St. Louis Brentwood Associates LP, and Colliers International St. Louis, LLC
1401 S. Brentwood Blvd. #160
St. Louis, MO 63144

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Stearns Bank
Insurance Dept
P.O. Box 750
Albany, MN 56307

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
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								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Rich Chrismer Move
The Crescent Condominium Association and the Association's Property Manager are named as Additional Insured under the general liability as required by written contract.

CERTIFICATE HOLDER

The Crescent Condominium Association
155 Carondelet Plaza, Suite 100
Clayton, MO 63105

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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Saint Louis, MO 63110

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	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2014 International 4300 DuraStar Truck; Vin# 1HTMMAAL6EH490007; $1,000 comp/coll deductibles; ACV Valuation Agreement # 2627651; U.S. Bank Equipment Finance, and/or its assigns is Lender's Loss Payee with respect to the above referenced vehicle.

CERTIFICATE HOLDER

U.S. Bank Equipment Finance and/or its assigns
1310 Madrid Street
Marshall, MN 56258

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

RE: Agreement #2508436 & 550-0063495-000; U.S Bank Equipment Finance and /or assigns is an additional insured under the general liability, as required by written contract, and Lender's Loss Payee with respect to the 2016 Hino; VIN# 5PVNJ8JV6G4S61941; Value $62,668.20; $1,000 comp/coll deductible and the 2017 Freightliner; VIN# 1FVACWDTXHHHW7457; Value $79,500; $1,000 comp/coll deductible

CERTIFICATE HOLDER

U.S. Bank Equipment Finance and/or its assigns
1310 Madrid St
Marshall,, MN 56258

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE / X OCCUR			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MC000000460-01	11/8/2020	11/8/2021	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)	$
								$
B	X UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB / CLAIMS-MADE			5670002370-00	11/8/2020	11/8/2021	AGGREGATE	$ 1,000,000
	DED / X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

U.S Bank Equipment Finance and /or assigns is an additional insured under the general liability, as required by written contract, and Lender's Loss Payee with respect to the 2013 International 4000; vin# 1HTJTSKLXDJ351006; Value $80,292; $1,000 comp/coll deductible; under Agreement #1937214

CERTIFICATE HOLDER

U.S. Bank Equipment Finance and/or its assigns
1310 Madrid Street
Marshall, MN 58258

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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PRODUCER
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
Mike Munie
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

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

Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

U.S Bank Equipment Finance and /or assigns is an additional insured under the general liability, as required by written contract, and Lender's Loss Payee with respect to the 2017 Freightliner #1FVACWDTXHHHW7457; Actual Cash Value; $1,000 comp/coll deductible

CERTIFICATE HOLDER

U.S. Bank Equipment Finance and/or its assigns
1310 Madrid Street
Marshall, MN 56258

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.

AUTHORIZED REPRESENTATIVE

John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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Saint Louis, MO 63110

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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
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INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

US Bank Insurance Services
1850 Osborn Avenue - SCIN
Oshkosh, WI 54902

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.

AUTHORIZED REPRESENTATIVE
John R. Dreu

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

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INSURER C : Granite State Insurance Company	23809
INSURER D :	
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St. Louis, MO 63118

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim +
US Bank NA is loss payee with respect to the 2013 Hino; #5PVNE8JT2D4S55326; Insurable Value $72,000; Comp/Coll Ded. $1,000 each

CERTIFICATE HOLDER

US BANK NA
PO Box 3427
Osh Kosh, WI 54903

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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ABCQUAL-01 PCANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2020

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
The Daniel and Henry Co.
1001 Highlands Plaza Drive West
Suite 500
Saint Louis, MO 63110

CONTACT NAME: Stacey Braswell
PHONE (A/C, No, Ext): (314) 444-5044 FAX (A/C, No): (314) 444-1990
E-MAIL ADDRESS: BraswellS@danielandhenry.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Protective Insurance Company	000784
INSURER B : Guide One National Insurance Company	14167
INSURER C : Granite State Insurance Company	23809
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Quality Moving, LLC
P.O. Box 1915
St. Louis, MO 63118

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MC0000004600-01	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MC000000460-01	11/8/2020	11/8/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
B	X UMBRELLA LIAB X OCCUR			5670002370-00	11/8/2020	11/8/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Motor Truck Cargo			012420683-1	11/8/2020	11/8/2021	Any One Truck	75,000
A	Hired Car			MC000000460-01	11/8/2020	11/8/2021	Physical Damage	175,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability as a Warehouseman - $50,000 Limit; $1,000 Ded. per claim

CERTIFICATE HOLDER

Versailles Condominium Association
709 South Skinker Blvd.
St. Louis, MO 63105

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.

AUTHORIZED REPRESENTATIVE
John R. Drew

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