

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2025

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).

PROI	UCE	₹				CONTACT Heather Glover						
AIC Insurance Agency, L			.LC				PHONE (A/C, No, Ext): (541)504-1822 FAX (A/C, No):					
847 SW 6th St						E-MAIL ADDRESS: procert@aicinsagency.com						
Redmond, OR 97756							INSURER(S) AFFORDING COVERAGE NAIC					
						INSURER A: Artisan & Truckers Casualty Company			,	10194		
INSURED						INSURER B: Artisan and Truckers Casualty Co 10194						
MY LIGHTHOUSE LLC						INSURER C:						
529 Greene Ave							INSURER D :					
	Green Bay, WI 54301-281			9			INSURER E :					
2.33 Zay, 111 0 1001 201							INSURER F:					
COVERAGES CERTIFICATE NUMBER: 00094167-0												
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.											CH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										חב ובו	Aivio,	
INSR LTR	SR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Χ	COMMERCIAL GENERAL LIABILITY	INSD	WVD	982079881		06/03/2025	06/03/2026	EACH OCCURRENCE		\$1,000,000	
^	^	CLAIMS-MADE X OCCUR	1		302073001		00/03/2023	00/03/2020	DAMAGE TO RENTED	\$	\$100,000	
		CLAIIVIS-IVIADE X OCCUR	1						PREMISES (Ea occurrence)	\$	\$5,000	
			1						MED EXP (Any one person) PERSONAL & ADV INJURY		\$1,000,000	
	051		ı								\$2,000,000	
		L'L AGGREGATE LIMIT APPLIES PER:	ı						GENERAL AGGREGATE		. , , , , , , , , , , , , , , , , , , ,	
	X	POLICY JECT LOC OTHER:	1						PRODUCTS - COMP/OP AGG	\$	\$2,000,000	
В	AUT	OMOBILE LIABILITY			982079881		06/03/2025	06/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	\$1,000,000	
		ANY AUTO	1		30207 3001		00/03/2023	00/03/2020	BODILY INJURY (Per person)	\$	ψ1,000,000	
		OWNED SCHEDULED	ı						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED	ı						PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY	ı						(Per accident)	\$	\$5000	
		UMBRELLA LIAB OCCUP							Medical		\$3000	
		- OCCOR	ı						EACH OCCURRENCE	\$		
		OLAIWO-WADE							AGGREGATE	\$		
	WOR	DED RETENTION \$ KERS COMPENSATION							PER OTH-	\$		
	AND	EMPLOYERS' LIABILITY Y / N	ı						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
		datory in NH) , describe under	ı						E.L. DISEASE - EA EMPLOYEE	\$		
_	DES	CRIPTION OF OPERATIONS below			2007005				E.L. DISEASE - POLICY LIMIT	\$	A450 22 5	
В	Mo	tor Trcuk Cargo	1		982079881		06/03/2025	06/03/2026	Ded \$1,000		\$150,000	
			1									
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	FS (CORD	101. Additional Remarks Schedu	le. may h	e attached if mor	e space is requir	ed)			
		AM 3500 (3C7WRTCL1PG527			To 1, 7 tautional Romanio Consula	,a, z		o opaco io ioquii				
	ver		•									
Ev	eret	t Thomas Van Horn										
CERTIFICATE HOLDER							CANCELLATION					
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Super Dispatch							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
905 McGee St. #210						ACCORDANCE WITH THE POLICY PROVISIONS.						
Kansas City, MO 64106						AUTHORIZED REPRESENTATIVE						
						Feather Glober						
							-treather-Glover-					