

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/14/2018

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).											on	
PRODUCER							CONTACT NAME: Jim Christensen					
Fortress Wealth Management						I = A V					225-1749	
2894 106th Street Suite 120							E-MAIL jim@thefortress.net					
							INSURER(S) AFFORDING COVERAGE					
Urbandale IA 50322							INSURER A: Owners Insurance Company					
INSURED						INSURER B: Auto-Owners Insurance Co					18988	
Buresh Home Solutions						INSURER C:						
9379 Swanson Blvd						INSURER D :						
						INSURE						
Clive					IA 50325-6942	INSURER F:						
COVERAGES CER				ATE	NUMBER: CL188140113	6 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 INSR ADDL SUBR ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF POLICY EXP						
LTR		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		0,000	
	_								EACH OCCURRENCE DAMAGE TO RENTED	φ .	·	
		CLAIMS-MADE OCCUR					00/00/0040	00/00/0040	PREMISES (Ea occurrence)	- Γ 00		
Α					39931710				MED EXP (Any one person)	\$ 5,000		
Α.		l			39931710		08/29/2018	08/29/2019	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000		
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	ļ	OTHER:							Contractors E&O COMBINED SINGLE LIMIT	\$ 1,000,000		
Α	AUI	TOMOBILE LIABILITY							(Ea accident)	dent) \$\psi 1,000,000		
		ANY AUTO OWNED SCHEDULED			E0E7003E00		40/00/0047	40/00/0040	BODILY INJURY (Per person)			
		AUTOS ONLY HIRED AUTOS NON-OWNED			5057903500		12/22/2017	12/22/2018	BODILY INJURY (Per accident) PROPERTY DAMAGE			
	×	AUTOS ONLY AUTOS ONLY							(Per accident)	t) \$		
									Medical payments \$ 5,000			
В	×	UMBRELLA LIAB OCCUR			5050470000		00/00/0040	00/00/0040	LACITOCCORRENCE 5		0,000	
	EXCESS LIAB CLAIMS-MADE				5053473800		08/29/2018	08/29/2019	AGGREGATE		0,000	
	WOE	DED RETENTION \$ RKERS COMPENSATION							DER OTH	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								PER STATUTE OTH-	500	000	
Α					39048892		08/29/2018	08/29/2019	E.L. EACH ACCIDENT	\$ 500,		
									E.L. DISEASE - EA EMPLOYEE \$ 500,0			
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 500,	000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER							CANCELLATION					
Master							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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