

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 confor rights to the certificate holder in liquid such and remark(s)

statement on this certificate does not confer rights to the cert	incate holder in fieu of such endorsement(s).			
PRODUCER	CONTACT NAME: Sentry Customer Service			
Sentry Insurance 1800 North Point Drive	PHONE (A/C, No, Ext): 800-473-6879	FAX (A/C, No): 800-514-7191		
Stevens Point, WI 54481	EMAIL ADDRESS: businessproducts_direct@sentry.com			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Sentry Select Insurance Company			
INSURED	INSURER B:			
Consumer Rental LLC DBA Ideal Rent-All 919 E College Way	INSURER C:			
Mount Vernon, WA 98273-5627	INSURER D:			
	INSURER E:			
	INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 1588208 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000		
							MED EXP (Any one person)	\$ 5,000
Α				A0131625005	08/20/2023	08/20/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
A	OWNED SCHEDULED AUTOS ONLY			A0131625001	08/20/2023	08/20/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α	X EXCESS LIAB CLAIMS-MADE			A0131625007	08/20/2023	08/20/2024	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						PRODUCTS - COMP/OP AGG	\$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	POLLUTION LIABILITY						AGGREGATE LIMIT	\$ 1,000,000
Α	X CLAIMS-MADE OCCUR		N/A	A0131625006	08/20/2023	08/20/2024	POLLUTION INCIDENT LIMIT	\$ 1,000,000
							CLEANUP COSTS-COVERED LOCATION LIMIT	\$ 50,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICAT	E HOL	.DER
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Consumer Rental LLC DBA Ideal Rent-All 919 E College Way Mount Vernon, WA 98273-5627

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.

John Hyland



AGENCY CUSTOMER ID: XXXXXX4335

LOC #: _____

ADDITIONAL REMARKS SCHEDULE Page 2 of 2 NAMED INSURED

AGENCY		NAMED INSURED
Zachary Grout		Consumer Rental LLC DBA Ideal Rent-All
POLICY NUMBER		
A0131625005		
CARRIER	NAIC CODE	
Sentry Select Insurance Company	21180	EFFECTIVE DATE: 08/20/2023

Sentry Select Insurance	e Company		21180	E	EFFECTIVE DATE: 08/20/2023
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability	y Insurance	