

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04-04-2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	-41	Dine at Income						CONTACT NAME:								
Berkshire Hathaway Direct Insurance Company 1314 Douglas Street									PHONE 800-507-4495 FAX: 800-589-7316							
Omaha NE, 68102									(A/C, No, Ext): (A/C, No):							
									ADDRESS: service@threeinsurance.com							
									INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Direct Insurance Company						AIC # 0391	
INSURED									INSURER B :						1391	
Wilson Security Solutions, LLC									INSURER C:							
527 S Broadway Blvd Salina, KS 67401-4326																
Jaiii a, NO 07401-4520									INSURER D:							
									INSURER E :							
							INSURER F:									
COVERAG	ES		CER	TIFICATE	NUM	BER:	REVISION NUMBER:									
THIS IS T	BOVE FOR THE POLICY PERIOD															
		TWITHSTANDING														
		IAY BE ISSUED C ND CONDITIONS									ODJEC	I IO ALL INE	: IEP	CIVIO,		
INSR LTR						ADDL INSD	SUB R WVD	POLICY NUMBER					VITS	TS		
		T						CD4 404 72004 D2	` YYY)	,	EACI	L OCCUIDENC		\$ 1.000.000		
Α	X COMMERCIAL GENERAL LIABILITY						CP140173091P2 021	04/05/2023	04/05/2024	EACH OCCURRENCE			, ,,			
	CLAIMS-MADE X OCCUR									PRE	AGE TO RENTE MISES (Ea rrence)	D	\$ 1,000,000)		
											MED	EXP (Any one		\$		
						x					perso PERS	on) SONAL & ADV	-	\$ 1,000,000	5	
						,					INJU		\dashv	\$ 3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE						
	х	POLICY PROJEC		С								DUCTS - IP/OP AGG		\$ SEE GENER AGGREGATE		
		OTHER:											\top	\$		
Α	AUTOMOBILE LIABILITY							CP140173091	04/05/2023	04/05/2024		BINED SINGL	E	\$		
A	ANY AUTO						P2021			LIMIT (Ea accident) BODILY INJURY (Per \$			\$			
	OWNED SCHEDULED			x					person)			\$				
		AUTOS ONLY AUTOS			^	ĺ				accident)			Φ			
	х	X HIRED NON-OWNED AUTOS ONLY										PERTY DAMAGI accident)	=	\$		
		<u> </u>									HIRED AND NON - \$				\$1,000,000/3,000	
		UMBRELLA LIAB OCCUR									OWNE	ED H OCCURRENC	E	,000 \$		
		EXCESS LIAB CLAIMS-MADE			ADE						AGGREGATE			\$	\$	
											AGGREGATE			·		
		DED	RETENTION	1\$										\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				N/A		CP140173091 P2021	04/05/2023	04/05/2024	Х	PER STATUT E	Х	OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE										EACH ACCIDEN DISEASE - EA	T	\$ 1,000,000			
	OFFICER/MEMBER EXCLUDED?										EMP	LOYEE		\$ 1,000,000		
	(Mandatory in NH) If yes, describe under										E.L. DISEASE - POLICY LIMIT			\$ 3,000,000		
	DÉSC	CRIPTION OF OPER	ATIONS belo	W				CP140173091	04/05/2023	04/05/2024			\dashv			
Α	OCCUR						P2021	04/03/2023	04/03/2024				1 000 000/	,000,000/		
	ERRORS & OMISSIONS						3,000,000									
	X				х											
	CYBER X									PerOccur/Aggregate		\$	\$1,000,000 / 3,000,000			
DESCRIPTION C	F OPERA	TIONS / LOCATIONS /	VEHICLES (ACC	ORD 101, Additio	nal Rem	arks Schedule	, may be at	 tached if more space	is required)						\longrightarrow	
		ned an Additional In		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		-1/							

CERTIFICATE HOLDER

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

Kapata 1)

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