CERTIFICATE OF LIABILITY INSURANCE Date (MM/DD/) 11/2/201 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

DATE (MM/DD/YYYY) 11/2/2015

erms	DRTANT: If the certificate holder is a s and conditions of the policy, certair ficate holder in lieu of such endorsem	o polic	ies ma					
RODI	UCER				CONTACT NAME: Will Colton			
Citadel Insurance Services, LC					PHONE:801-610-2713 FAX: 801-610-2701			
26 E	E State Rd, Suite 100				EMAIL ADDR: wcolton@citadelus.com			
mer	rican Fork, UT 84003				INSURER(S) AFFORDING COVERAGE			NAIC
					INSURER A : Great American E&S Insurance Company			37532
SUR	ED				INSURER B :			
FP Inspect LLC					INSURER C :			
DBA Elite Analysis					INSURER D :			
3211 S Osceola Ave.					INSURER E :			
	ndo, FL 32806				INSURER F :			
	ERAGES CERTIFICATE N THIS IS TO CERTIFY THAT THE POLICIES						REVISION NUMBER:	
C E SR	INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	RTAIN, POLIC ADDL	THE II IES. LI SUBR	NSURANCE AFFORDED	BY THE POLICIES E BEEN REDUCED POLICY EFF	DESCRIBED HI BY PAID CLAIN POLICY EXP	EREIN IS SUBJECT TO ALL THE	
TR	GENERAL LIABLITY	INSR	WVD	PL 3306985-1996	(MM/DD/YYYY) 5/1/2015	(MM/DD/YYYY) 5/1/2016	EACH OCCURRENCE	\$1,000,000
					0, 1,2010	0, 1/2010	DAMAGE TO RENTED PREMISES	\$100,000
А	X CLAIMS-MADE OCCUR						(EA OCCURRENCE) MED EXP(ANY ONE PERSON)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$1,000,000
	X POLICY PROJECT LOC							\$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per Person)	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N						WC Statutory LIMITS OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE – EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	
A	Professional (E&O)			PL 3306985-1996	5/1/2015	5/1/2016	Per Claim Limit Aggregate	\$1,000,000 \$1,000,000
ESCF	Professional (E&O) RIPTION OF OPERATION / LOCATIONS / VEHICLE ed Inspectors: Curtis Kloc, Rusty Parsons	S (Attacl	ACOR					1
CERTIFICATE HOLDER Proof of Insurance					CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.			