

AJANSEN

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/31/2023

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).

ti	nis certificate does not confer rights to				uch end	orsement(s)		require air cria	, semen	i. A 3i	atement on	
	DUCER				CONTAC NAME:	ਾ Regina J	ackson					
Fee Insurance Group, Inc. 2920 N. Plum St						PHONE (A/C, No, Ext): (620) 259-8854 FAX (A/C, No): (620) 662-5415						
	Hutchinson, KS 67502					E-MAIL ADDRESS: certs@feeinsurance.com						
,						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : State Auto Property and Casualty Insurance Company 25127						
INSURED The Book House Court Helding Could The Book House Court						INSURER B : Accident Fund Insurance Company of America 10166						
The Best Home Guys Holding Co dba The Best Home Guys; dba Slide Out Shelf Solutions dba Creative Closet Concepts; dba Harmony Home Concepts					INSURER C:							
					INSURE							
2969 W 13th St Wichita, KS 67212						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	H RESPE	CT TO	WHICH THIS	
NSR LTR TYPE OF INSURANCE			SUBR WVD	R POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY					2/1/2023	2/1/2024	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	1,000,000	
	CLAIMS-MADE X OCCUR			BOP2845341						\$	300,000	
								MED EXP (Any one person)		\$	5,000	
								PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COMP	'/OP AGG	\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	X ANY AUTO			BAP2424768		2/1/2023	2/1/2024	BODILY INJURY (Per person) \$		\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
	ACTOS ONET							(* 5: 5:5:5:5:1)		\$		
Α	X UMBRELLA LIAB X OCCUR			CXS2132079		2/1/2023	2/1/2024	EACH OCCURRENC	E	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$	1,000,000	
	DED X RETENTION\$ 0									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					2/1/2024	X PER STATUTE	OTH- ER	<u>,                                      </u>		
				AF WCP 100005810		2/1/2023		E.L. EACH ACCIDEN		\$	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE		\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL kers' Compensation - Excluded Individu	ES (A	ACORE	D 101, Additional Remarks Schedu	ule, may be	e attached if mor	e space is requir	ed)				
Vor	kers' Compensation - Excluded Individu	als:	Phil I	Davis & Shelley Davis				,				
CERTIFICATE HOLDER						CANCELLATION						
FOR INFORMATION ONLY FOR INFORMATION ONLY						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
FOR INFORMATION ONLY FOR INFORMATION ONLY					AUTHORIZED REPRESENTATIVE							
	EOD INFORMATION ONLY											

## **Contractor License**

License Number: BUS2005-06344 CLASSB - Class B Building Contractor

License Expires: 12/31/2024

## License Holder Information:

The Best Home Guys Holding Co

2969 West 13th Street North WICHITA, KS 67203

Our legal name is:

The Best Home Guys Holding Co

We do business as:

Harmony Home Concepts, The Best Home Guys,
Slide Out Shelf Solutions and Creative Closet Concepts

License Valid: 01/12/2023 thru 12/31/2024

Renewal Date: 9/1/2024

Phone & Em ail Inform ation:

(316)681-2639 Phil.davis@thebhgs.com

State Registration Number: N/A

IVR / Tellus Access: 5756

Portal Access: 06344

Fees Paid

 Receipt Number
 Date Paid
 Fee
 Amount Paid

 254249
 01/12/2023
 Class B License
 \$600.00

## **Wichita-Sedgwick County Unified Building and Trade Code**

Sec. 2.1.070 - Class B Building License.

Contractor's license, class B building, shall entitle the holder thereof to contract for and to perform any act as a contractor, as defined in Section 2.1.010 of this Code, limited to the erection, addition to, remodeling and wrecking of commercial buildings and single or multiple dwelling residential buildings, not exceeding three stories in height, and nonstructural remodels to commercial buildings exceeding three stories in height.





Metropolitan Area Building & Construction Department