

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/30/2025

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 be endorsed. If SUBROGATION IS WAIVED, subject to

				s of the policy of such endors			olicies may require an ei	ndorse	ment. A stat	tement on th	is certificate does not co	nfer ri	ghts to the	
PRODUCER									CONTACT NAME: Vicki Lynne Klopfenstein					
Daniels Head Insurance Agency, Inc.									PHONE (A/C, No, Ext):(800) 950 0551 FAX (A/C, No):(877) 839 6107					
P.O. Box 160730									E-MAIL ADDRESS:vicki@dhia.com					
Austin, TX 78716-0730									INSURER(S) AFFORDING COVERAGE NAIC #					
703uii, 17 70710-0700									INSURER A: National Liability & Fire Insurance Company				20052	
INSURED								INSURER B:						
Paul Scott & Associates, PLLC								INSURER C:						
8445 S Saginaw St								INSURER D :						
Ste 300								INSURER E :						
Grand Blanc, MI 48439-2086									INSURER F:					
COVERAGES CERTIFICATE NUMBER:											REVISION NUMBER:	'		
IN C E	IDIC/ ERTI XCLU	ATED. NOTWIT IFICATE MAY BI	HST E IS	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO V	WHICH THIS	
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
									MED EXP (Any one person)	\$				
										PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$			
POLICY PRO- LOC								PRODUCTS - COMP/OP AGG	\$					
OTHER:												\$		
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO									BODILY INJURY (Per person)	\$			
		ALL OWNED AUTOS		SCHEDULED AUTOS							, ,	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
			ETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									PER OTH- STATUTE ER				
				N/A						E.L. EACH ACCIDENT	\$			
										E.L. DISEASE - EA EMPLOYEE	\$			
										E.L. DISEASE - POLICY LIMIT	\$			
							_,,_,			\$ 1,000				
	Lawyers Professional Liability Insurance Policy LP104953			LP104953		5/10/2025	5/10/2026		\$ 2,000 \$ 2,500					
											Deductible	Ψ 2,500		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CE	RTIE	ICATE HOLDI	FR					CANCELLATION						
FOR PROOF OF COVERAGE PURPOSES 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.  AUTHORIZED REPRESENTATIVE					
								Laki Klapfanothi						