



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b> Roanoke Insurance Group IL 1501 East Woodfield Road Suite 400W Schaumburg IL 60173		<b>CONTACT</b> NAME: Gina Patterson, CISR-Elite CLIP DAE CLP TRIP PHONE (A/C, No, Ext): (562) 628-9335 FAX (A/C, No): (779) 227-6234 E-MAIL ADDRESS: gina.patterson@roanokegroup.com
License#: PC-663524  <b>INSURED</b> Streamline, LLC 189 Old Corvallis Rd. Hamilton MT 59840		<b>INSURER(S) AFFORDING COVERAGE</b>  <b>INSURER A :</b> Covington Specialty Insurance Company <b>INSURER B :</b> Lloyds of London AA-1122000 <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
		<b>NAIC #</b> 13027 15792
<b>STRELLC-01</b>		

## COVERAGES

**CERTIFICATE NUMBER:** 323592630

**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.

EXCLUSIONS AND CONDITIONS OF COVERAGE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																	
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	X	COMMERCIAL GENERAL LIABILITY			N	N	VBB195321		10/14/2025	10/14/2026	EACH OCCURRENCE		\$ 1,000,000				
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000				
											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 <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG		\$ 2,000,000				
		OTHER:											\$				
	AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)		\$				
		ANY AUTO			SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N			10/14/2025	10/14/2026	BODILY INJURY (Per person)		\$				
		OWNED AUTOS ONLY									BODILY INJURY (Per accident)		\$				
		HIRED AUTOS ONLY									PROPERTY DAMAGE (Per accident)		\$				
													\$				
		DED <input type="checkbox"/> RETENTION \$									EACH OCCURRENCE		\$				
	UMBRELLA LIAB					N/A	OCCUR		10/14/2025	10/14/2026	AGGREGATE		\$				
	EXCESS LIAB						CLAIMS-MADE						\$				
											EACH OCCURRENCE		\$				
											AGGREGATE		\$				
													\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					Y / N <input type="checkbox"/>			10/14/2025	10/14/2026	PER STATUTE		OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										E.L. EACH ACCIDENT		\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE		\$				
											E.L. DISEASE - POLICY LIMIT		\$				
													\$				
B	Contingent Cargo Liability					N	N	01RIOM0001003-02	12/21/2025	12/21/2026	Liability Limit		\$ 250,000				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Issued as evidence of coverage currently in force subject to the terms, conditions, exclusions and deductibles (if any) of the policy(ies). This insurance certificate is issued as a matter of information only and confers no rights upon the certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

Insured's Copy  
Issued as Evidence  
of Coverage  
Current in Force  
USA

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**

Naia S. Norello