

John Evers Agency

309 1st St E.

Independence, Iowa 50644

319-440-3378

E-Mail: johnevers.ins@gmail.com

Reference to City of Independence Insurance Package Qualifications.

- I have been a representative with ICAP for 30+ years and have successfully completed the Agent Academy and have the ICAP Certification Designation. (See included item)
- Currently have 9 ICAP entities all locally and complete all the services annually that you are requesting in your description of service in item 1.0.
- I have been a licensed Iowa agent for 38 years as required in item 2.0. (license included as requested) Was also an agent with American Family Mutual for 32 years.
- If any special insurance would be needed that ICAP couldn't provide I have access to a local Independent Agency with additional markets.
- My office is located at 309 1st St. E., Independence and am the owner of the building with my partner. Also have been a lifelong resident of Independence.
- Attached is my Errors & Omissions certificate.

Appreciate your consideration.

John Evers



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2023

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME:		
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):	
	E-MAIL ADDRESS: contact@hiscox.com		
INSURED John Evers Agency 309 1st St E. Independence, IA 50644	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hiscox Insurance Company Inc		10200
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			P100.812.871.6	12/21/2023	12/21/2024	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

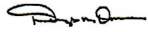
CERTIFICATE HOLDER**CANCELLATION**

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

JOHN P EVERS
1419 SECOND ST SW
INDEPENDENCE IA 50644

State of Iowa	
License No: 6844653	Insurance License
NPN: 6844653	
JOHN P EVERS	
Is licensed to engage in the business of insurance in the State of Iowa in the capacity stated below:	
LICENSE TYPE	LINES OF AUTHORITY
Insurance Producer	Personal Lines
	Crop
	Casualty
	Property
	Life
	Accident and Health
	LOA EFFECTIVE DATE
	06/10/1986
	06/10/1986
	06/10/1986
	06/10/1986
	06/10/1986
	06/10/1986
	LICENSE EFFECTIVE DATE
	04/01/2023
	LICENSE EXPIRATION DATE
	03/31/2026


Doug Ommen, Insurance Commissioner

State of Iowa
License No: 6844653 Insurance License NPN: 6844653
JOHN P EVERS

Is licensed to engage in the business of insurance in the State of Iowa in the capacity stated below:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Personal Lines	06/10/1986	04/01/2023	03/31/2026
	Crop	06/10/1986		
	Casualty	06/10/1986		
	Property	06/10/1986		
	Life	06/10/1986		
	Accident and Health	06/10/1986		

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The insurance producer must complete continuing education, renew the license and pay fees as required by 191 Iowa Administrative code Chapters 10 and 11 prior to the expiration date.

For questions regarding a license, contact:
Iowa Insurance Division 515-654-6600
or E-mail: producer.licensing@iid.iowa.gov


Doug Ommen, Insurance Commissioner



Evers Achieves ICAP Certified Designation

BY SUBMITTED ARTICLE

CLIVE – Earlier this year, ten independence insurance agents completed the ICAP Agent Academy, a four-part educational course hosted by the Iowa Communities Assurance Pool (ICAP). Upon completion of the course, the agents achieved status as “ICAP Certified” agents of CSRs.

Among those ten was John Evers of Independence.

To maintain the status as ICAP Certified, agents will need to maintain annual attendance at the ICAP Agent Seminar, an educational course that highlights coverages and exposures relevant to Iowa public entities.

To learn more, contact Evers at the John Evers Agency, 309 1st Street East, Independence or via JohnEvers.Ins@gmail.com.

About ICAP

ICAP was formed in 1986 as a group self-insurance program for Iowa public entities. The Pool provides property and casualty coverage, risk-sharing facilities, and risk management services to its members. ICAP is acclaimed for its pricing, superior coverages, and class of service that is second-to-none.