WESTROU-08

TAYLORB



DATE (MM/DD/YYYY) 7/9/2024

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.

lf th	SUBROGATION IS WAIVED, subjectis certificate does not confer rights to	ct to o the	the certi	terms and conditions of ificate holder in lieu of su	ıch end	lorsement(s)	policies may	require an endorsemen	t. As	statement on	
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						CONTACT NAME:					
									(970) 824-8188		
						E-MAIL ADDRESS:					
							SURER(S) AFFOI	RDING COVERAGE		NAIC #	
						INSURER A : Secura Insurance Company				22543	
INSURED						INSURER B:					
West Routt Forward PO Box 190						INSURER C:					
						RD:					
Hayden, CO 81639				IN		RE:					
					INSURE						
СО	VERAGES CER	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		•	
- IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQU	REME	ENT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH	CIES. SUBR WVD		BOLICY EEE BOLICY EYB							
LTR	LTR TYPE OF INSURANCE			POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE X OCCUR			20-CP-003415650		9/7/2024	9/8/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	100,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	100,000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DE0	DESTRUCTION OF OPEN ATIONS (1 OOATIONS (VEHIC	1.50 (10000	And Additional Passage Oak ade	.1	#b1 #		0			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORL) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANC	TELL ATION					
CERTIFICATE HOLDER						CANCELLATION					
Routt County 522 Lincoln Avenue Suite #30						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Steamboat Springs, CO 80487					AUTHORIZED REPRESENTATIVE						
						Trulor Bridges					