

ERTIFICATE OF LIABILITY INSURANCE

MINDYS DATE (MM/DD/YYYY)

MOUNHOM-01

	CERTIFICATE OF LIABILITY INSURANCE										10/17/2019		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POL BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHOR REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												E POLICIES	
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							CONTAC NAME:	СТ					
Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						-	PHONE (A/C, No, Ext): (970) 824-8185 E-MAII				(970) 8	824-8188	
						-	E-MAIL ADDRESS:						
						-						NAIC #	
								INSURER A : Central Insurance Company					
							INSURER B Pinnacol Assurance					41190	
Mountain Home Stove & Fire 1890 Loggers Lane Unit H Steamboat Springs, CO 8048					e, LL	.C							
						·							
							INSURER E :						
												I	
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 THI 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.												WHICH THIS	
INSR LTR		TYPE OF INSURA			SUBR	-		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERCIAL GENERAL	LIABILITY	nice				(1111/20/1111)		EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X	OCCUR			CLP9893766		11/1/2019	11/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APP	LIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY X PRO- JECT	X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								EMPLOYMENT PRAC	\$	100,000	
Α	AUT	AUTOMOBILE LIABILITY X ANY AUTO							11/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Χ					BAP9893767		11/1/2019		BODILY INJURY (Per person)	\$		
		OWNED S AUTOS ONLY A	CHEDULED UTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY	ION-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			_								\$		
Α	Χ	UMBRELLA LIAB X	LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MADE			CXS9893768			11/1/2019	11/1/2020	AGGREGATE	\$	1,000,000	
		DED X RETENTION	\$ 0							Pers/Adv Injury	\$	1,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				4118837				11/1/2020	X PER OTH- STATUTE ER			
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)						11/1/2019		E.L. EACH ACCIDENT	\$	1,000,000	
		datory in NH) s, describe under		N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES	CRIPTION OF OPERATION	S below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPT	ION OF OPERATIONS / LO	CATIONS / VEHICL	.ES (A	CORD	0 101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requi	red)			
CE	CERTIFICATE HOLDER							CANCELLATION					

Routt County Regional Building Dept. PO Box 773840 Steamboat Springs, CO 80477 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

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