## **Certificate of Insurance**

## COUNTRY Mutual Insurance Company® PO Box 2100, Bloomington, IL 61702-2100



THIS IS TO CERTIFY that policies issued to the person or entity named in this form are in force according to the following schedule. This Certificate of Insurance does not amend, extend or alter the coverage provided by any described policy.

Issued at the request of:					Name and address of insured:					
Routt County					Darin Heiter					
522 Lincoln Ave Ste #30					6418 Dallas Ct					
Steamboat CO 80487					Englewood CO 8011					
Coverage Type Certifica				Effe	ctive Date	Insurance Offic	e No.	Representative No.		
Liability & Medical			10/	14/2	021	05004		15674		
	ion <b>Description (if a</b> p Road 14D Steambo	3 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	7							
Type of Policy Policy Nu			lumber	Expiration Det		Liability		Medical		
	r auches v			Date			Each Person		Each Occurrence	
ŀ	lome	AK5330769		02	2/08/2022	\$ 500,000.00 \$ 5		00.00	\$ 25,000.00	
							L		٥	
Insuring:   Recreational Motor Vehicles   Watercraft										
Year Trade Name				Serial Number			Peril Covered			
Special Provision	on (if any):									
* Unless specified compliance with the		es continuous c				by regular mail to the	e last know	n address v	vill be sufficient	

21305b (02-08/90)

Authorized Representative Signature

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