KIKIR

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/25/2024

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. 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).

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PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625									CONTACT NAME: PHONE (A/C, No, Ext): (970) 824-8185 E-MAIL ADDRESS: FAX (A/C, No): (970) 824-8188					
										INSURER A : United Fire Group				
INSURED Southshore Plow Service									INSURER B:					13021
									INSURER C:					
dba Snow Country Nursery PO Box 881927														
									INSURER D :					
Steamboat Springs, CO 80488										INSURER E :				
										INSURER F:				
		AGES						E NUMBER:	REVISION NUMBER:					
IN C	IDICA ERTIF	TED. FICATE	NOTWI MAY E	THST.	ANDING ANY F SUED OR MAY	REQUI	REMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH BED HEREIN IS SUB	RESPECT T	O WHICH THIS
INSR LTR					ANCE	ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS		
Α	Х	СОММЕ	RCIAL G	ENERA	L LIABILITY		,				,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR					60519371		9/17/2023	9/17/2024	DAMAGE TO RENTED PREMISES (Ea occurre		100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC										MED EXP (Any one pers	son) \$	10,000	
										PERSONAL & ADV INJI	URY \$	1,000,000		
										GENERAL AGGREGAT	E \$	2,000,000		
										PRODUCTS - COMP/O	P AGG \$	2,000,000		
		OTHER	:										\$	
Α	A AUTOMOBILE LIABILITY											COMBINED SINGLE LIF (Ea accident)	MIT	1,000,000
	ANY AUTO					60519371		9/17/2023	9/17/2024	BODILY INJURY (Per po	erson) \$			
		OWNED	ONLY	X	SCHEDULED AUTOS							BODILY INJURY (Per a	ccident) \$	
	Х	HIRED AUTOS		X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		A0103	ONLI	П	AUTOS CINET							(i oi dooidoin)	\$	
		UMBRE	LLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCES			CLAIMS-MADE							AGGREGATE	\$	
		DED		ENTIO								AGGREGATE		
	WOR				ΨΨ								OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/DARTNER/EYECLITIVE										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 \$		
Α	DÉSCRIPTION OF OPERATIONS below A Equipment Floater							60519371		9/17/2023	9/17/2024	E.L. DISEASE - POLICY Lsd/Rtd Equipme		100,000
	' '							60519371				Building/BPP	GIIL	,
A Property							00319371		9/17/2023	9/17/2024	Building/BPP		112,600	
ال	OINE II	SN OF	J. LIMIT		CONTINUE VERICE	, (<i>j</i>	JOORE	D 101, Additional Remarks Sched	uro, may U	o attached ii iildi	o opave io requi			
CE	RTIF	ICATE	HOLD	ER					CANCELLATION					
Routt County Planning 136 6th Street, Suite 200 Steamboat Springs, CO 80487									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					