



ZIRKWIR-01

LISACH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2024

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).

PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(970) 824-8185	FAX (A/C, No): (970) 824-8188
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Zirkel Wireless, LLC 1856 Kamar Plaza Steamboat Springs, CO 80487	INSURER A :	Hartford Insurance Co. of the Midwest	37478
	INSURER B :	Pinnacol Assurance	41190
	INSURER C :	Allianz Global Corp	35300
	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	
A	X	COMMERCIAL GENERAL LIABILITY							
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		34SBAVR8139	10/17/2023	10/17/2024	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
		GEN'L AGGREGATE LIMIT APPLIES PER:							
			<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
			<input checked="" type="checkbox"/> OTHER: Error & Omission \$1M						
A		AUTOMOBILE LIABILITY							
	X	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>			34UECAQ5462	10/17/2023	10/17/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
A	X	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/>							
		CLAIMS-MADE <input type="checkbox"/>			34SBAVR8139	10/17/2023	10/17/2024	EACH OCCURRENCE	\$ 5,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$ 5,000,000
									\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>	Y / N	N / A	4124324	7/1/2023	7/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C		Equipment Floater			MXI930886681333	1/5/2024	1/5/2025	Misc Equip	120,000

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

Permit #'s:

PL-19-189 Zirkel Tower-Hahns Peak
PL-2006 -053-PP Zirkel Wireless Internet Tower
PL-2007-040-PP Zirkel Wireless-Saddleback

Certificate Holder's Additional Insured interest is included via General Liability policy includes Endorsement #SS0008 which provides Additional Insured interest with Primary/Non-Contributory coverage if required by written contract regarding: Vendors; Lessors of Leased Equipment; Lessors of Land/Premise; SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Routt County PO Box 773598 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



ADDITIONAL REMARKS SCHEDULE

AGENCY Mountain West In & Fin Serv LLC		NAMED INSURED Zirkel Wireless, LLC 1856 Kamar Plaza Steamboat Springs, CO 80487
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

State or Political/Permits; Any Other if required by written contract regarding insured's ongoing operations for the Additional Insured. Waiver of Subrogation in favor of the Additional Insured applies if required by written contract.