

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company ☐
American Family Mutual Insurance Company, S.I. if selection box is not checked.
6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
D&D Enterprises
30300 County Road 14C
Steamboat Springs, CO 80487

Agent's Name, Address and Phone Number (Agt./Dist.)
Andrew Bernitt
6355 WARD RD UNIT 420
ARVADA, CO 80004
(303) 209-7609 (243/304)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

| COVERAGES | | | | |
|---|-----------------|--|--|--|
| This is to certify that 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. | | | | |
| TYPE OF INSURANCE | POLICY NUMBER | POLICY DATE | | LIMITS OF LIABILITY |
| | | EFFECTIVE (Mo, Day, Yr) | EXPIRATION (Mo, Day, Yr) | |
| Homeowners/ Mobilehomeowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Boatowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Personal Umbrella Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Farm/Ranch Liability | | | | Farm Liability & Personal Liability Each Occurrence \$,000 |
| | | | | Farm Employer's Liability Each Occurrence \$,000 |
| | | | | Statutory ***** |
| Workers Compensation and Employers Liability † | | | | Each Accident \$,000 |
| | | | | Disease - Each Employee \$,000 |
| | | | | Disease - Policy Limit \$,000 |
| | | | | General Aggregate \$ \$2,000,000 |
| General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/> | CSG-00119727-00 | 11/21/2024 | 11/21/2025 | Products - Completed Operations Aggregate \$ \$2,000,000 |
| | | | | Personal and Advertising Injury \$ \$1,000,000 |
| | | | | Each Occurrence \$ \$1,000,000 |
| | | | | Damage to Premises Rented to You \$ \$50,000 |
| | | | | Medical Expense (Any One Person) \$ \$5,000 |
| | | | | Each Occurrence†† \$,000 |
| Businessowners Liability | | | | Aggregate†† \$,000 |
| Liquor Liability | | | | Common Cause Limit \$,000 |
| | | | | Aggregate Limit \$,000 |
| | | | | |
| Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/> | | | | Bodily Injury - Each Person \$,000 |
| | | | | Bodily Injury - Each Accident \$,000 |
| | | | | Property Damage \$,000 |
| | | | | Bodily Injury and Property Damage Combined \$,000 |
| | | | | |
| Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/> | | | | Each Occurrence/Aggregate \$,000 |
| Additional Insured: Collegiate Peaks Bank, a division of Glacier Bank, 885 S Colorado Blvd, Denver, CO 80246 | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Description of Operations: Permit No: #PL20230082 Certificate Holder is included as Additional Insured | | | | |
| <div>†The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not</div> <div>††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.</div> | | | | |
| CERTIFICATE HOLDER'S NAME AND ADDRESS | | CANCELLATION | | |
| Routt County, Colorado and the Board of County Commissioners of Routt County 136 6th St Suite 200 Steamboat Springs, CO 80477 | | <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. | | |
| | | <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue. | | |
| | | DATE ISSUED 10/22/2024 | AUTHORIZED REPRESENTATIVE Andrew Bernitt | |