

SARAHRO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2022

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to the	the certi	terms and conditions of ificate holder in lieu of su	the pol	licy, certain ¡ lorsement(s)	oolicies may	require an endorsemer	ıt. As	tatement on							
PRO	DUCER				CONTACT NAME: PHONE (070) 924 9495 FAX (070) 924 9499												
Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188											
						E-MAIL ADDRESS:											
						INSURER(S) AFFORDING COVERAGE											
						INSURER A : Kinsale Insurance Company				NAIC #							
Thunderstruck Adventures 93525 Highway 71						INSURER B:											
						INSURER C :											
						RD:											
Windom, MN 56101					INSURER E :												
					INSURER F:												
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:											
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE	ECT TO	WHICH THIS							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	ADDL SUBR NSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS									
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000							
	CLAIMS-MADE X OCCUR			0100137978-1		1/14/2022	1/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000							
								MED EXP (Any one person)	\$	Excluded							
								PERSONAL & ADV INJURY	\$	1,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000							
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000							
	OTHER:								\$								
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$								
	ANY AUTO							BODILY INJURY (Per person)	\$								
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$								
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$								
									\$								
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$								
	DED RETENTION \$							DED OTH	\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$								
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$								
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$								
Rou	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI tt County is named an Additional Insure MIT #20220056	LES (A	ACORE regar	0 101, Additional Remarks Schedu ds to the General Liability	le, may b COVERA	e attached if mor ge.	e space is requir	ed)									
Routt County 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											
												Kan					