ACORD	®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/06/2014

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 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 cortificate holder in lieu of such endorsement(s)

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	If yes, describe under DESCRIPTION OF OPERATIONS below		E	.L. DISEASE-POLICY LIMIT	\$1,000,000

RE: incl poli in a with endo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Price Agreement 96478YYY04P. The State of Colorado and all of its agencies and institutions of higher education are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability policy evidenced herein is Primary to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability policies. A blanket waiver of subrogation endorsement is included as part of the workers' compensation policy and applies in all states except NH, KY and NJ. State specific endorsements apply in CA and TX. These endorsements apply to work performed for the State of Colorado under price CERTIFICATE HOLDER CANCELLATION							
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AGENCY CUSTOMER ID: 570000058236

LOC #:

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ADDITIONAL REMARKS SCHEDULE

NAIC CODE

Aon Risk Services, Inc of Florida

NAMED INSURED Koosharem, LLC and Subsidiaries

POLICY NUMBER

See Certificate Number: 570053702398

CARRIER

AGENCY

ACORD

See Certificate Number: 570053702398

EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

agreement 96478YYY04P, where required by said agreement.