

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2018

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(les) 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).											
	DUCER			ONTACT AME: Katie Smothers							
Commercial Risk Solutions						PHONE (A/C, No. Ext): 303-996-7801 FAX (A/C, No): 303-757-7719					
6600 E. Hampden Ave., Ste. 200 Denver CO 80224						E-MAIL ADDRESS: ksmothers@crsdenver.com					
Don't do dome !						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Lloyd's of London					
INSURED EMPIR-3						INSURER B : Westfield Insurance					
Empire Fire & Safety, Inc.						INSURER B: Westfield Insurance 24 INSURER C:					
10475 Irma Drive, Unit 17 Northglenn CO 80233					INSURER O :						
North glatti 00 00233					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 1733394747						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 PERFURED BY PAID CLAIMS.											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
INSR		INSD	WVD					LIMIT	S		
A	X COMMERCIAL GENERAL LIABILITY	İ		SPG018172		3/23/2018	3/23/2019	EACH OCCURRENCE	\$ 1,000,	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	0	
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1.000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2.000,	000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000.	000	
<u> </u>	OTHER:							COMPINIED SINGLE LIMIT			
В	AUTOMOBILE LIABILITY	1		CWP9675593		3/23/2018	3/23/2019	COMBINED SINGLE LIMIT (En accident)	\$ _{1.000}	000	
	X ANY AUTO SCHEDULED							BODILY INJURY (Per person)	S		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	S		
	X AUTOS ONLY X AUTOS ONLY							(Per accident)	S	<u> </u>	
			<u> </u>						S		
A	X UMBRELLA LIAB X OCCUR			SPX018172		3/23/2018	3/23/2019	EACH OCCURRENCE	\$ 1,000,	000	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$ 1,000.	000	
<u> </u>	DED X RETENTION \$ 0	-						DED OTH	S		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					:	PER OTH-				
							E.L. EACH ACCIDENT S				
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	S		
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below	-	1					E.L. DISEASE - POLICY LIMIT	\$		
8	Leased and Rented Equipment Special Form/ACV/100% Coinsurance			CWP9675593		3/23/2018	3/23/2019	Limit Deductible	25,000 500	•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All policy terms, conditions and exclusions apply.											
CE	RTIFICATE HOLDER		<u></u>	CANO	CANCELLATION						
State of Colorado - Dept of Personnel and Administration State Purchasing Office 1525 Sherman Street, 3rd Floor Denver CO 80217						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					
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