

## **CERTIFICATE OF LIABILITY INSURANCE**

9/26/2016

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 certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
CCIG 5660 Greenwood Plaza Blvd.	PHONE (A/C, No, Ext): (303) 799-0110 FAX (A/C, No): (303)	799-0156			
Suite 500	E-MAIL ADDRESS: JanineD@thinkccig.com				
Greenwood Village, CO 80111	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Secura Insurance Companies				
INSURED	INSURER B: Pinnacol Assurance	41190			
Empire Fire & Safety, Inc.	INSURER C:				
Attn: Dave Walker 10475 Irma Drive, #17	INSURER D:				
Northglenn, CO 80233	INSURER E:				
-	INSURER F:				
OCUEDA OFO OFFICIALE NUMBER	DEVICION NUMBER				

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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		CP3219664	03/23/2016	03/23/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			20A0032196656	03/23/2016	03/23/2017	BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								·	\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
В		KERS COMPENSATION EMPLOYERS' LIABILITY		/ A 410		05/01/2016	05/01/2017	X PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		4104083			E.L. EACH ACCIDENT	\$	1,000,000	
	(Man	CER/MEMBER EXCLUDED?  datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

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

As required by written contract or written agreement, The State of Colorado is included as Additional Insured for ongoing operations under General Liability.

CERTIFICATE HOLDER CANCELLATION

State of Colorado Division of Finance & Procurement Department of Personnel & Administration 1525 Sherman Street, 3rd Floor Denver, CO 80203 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

Par Chris