



CERTIFICATE OF LIABILITY INSURANCE

CONSE-2

OP ID: JL

DATE (MM/DD/YYYY)

02/22/2016

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 Brown & Brown of Colorado, Inc 2170 S. Parker Rd Ste 251 Denver, CO 80231 Jason Sartor	CONTACT NAME: Julia Lukyanenko PHONE (A/C, No, Ext): 720-963-4300 E-MAIL ADDRESS: jlukyanenko@bbdenver.com	FAX (A/C, No): 720-962-5142	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Conserve-A-Watt Lighting , Inc Conserve-A-Watt Lighting Services Inc dba CLS, Inc Lighting Retro Systems Inc Jerry Dickinson 720 Vallejo Street Denver, CO 80204	INSURER A : AMCO INSURANCE CO		19100
	INSURER B : Allied Property & Casualty Ins		42579
	INSURER C : Allied Insurance		42579
	INSURER D : Pinnacol Assurance Company		41190
	INSURER E : ZURICH AMERICAN		
INSURER F :			

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	X	ACP3007035031	02/12/2016	02/12/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	X	ACP3007035031	02/12/2016	02/12/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		ACP3007035031	02/12/2016	02/12/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	4066653	03/01/2016	03/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input checked="" type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
				WC9691727-04 UTAH	03/01/2016	03/01/2017	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The State of Colorado, its agencies, institutions, organizations, officers, agents, employees and volunteers are included as additional insured for ongoing and completed operations on the General Liability and included as additional insured on the Auto Liability with respect to operations of the named insured for the certificate holder as required by written (cont'd)

CERTIFICATE HOLDER**CANCELLATION**

STATECO State of Colorado, Dept of Personnel & Administration Attn Purchasing & Contracts 1525 Sherman St. 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 <i>Julia Lukyanenko</i>
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NOTEPAD:HOLDER CODE **STATECO**
INSURED'S NAME **Conserve-A-Watt Lighting , Inc****CONSE-2**
OP ID: JLPAGE 2
Date **02/22/2016**

contract. General Liability coverage is primary and non-contributory. General Liability, Auto Liability and Workers Compensation coverages include waivers of subrogation. Umbrella policy follows form to General Liability, Auto Liability and Workers Compensation. All policy terms, conditions and exclusions apply.