



CERTIFICATE OF LIABILITY INSURANCE

CONSE-2 OP ID: ST

DATE (MM/DD/YYYY)
03/05/15

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	303-980-6265	CONTACT NAME: Stephnaie Trujillo, CIC
	720-962-5142	PHONE (A/C, No, Ext): 720-963-4300 FAX (A/C, No): 720-962-5142
E-MAIL ADDRESS: strujillo@bbdenver.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: AMCO INSURANCE CO		19100
INSURER B: Allied Property & Casualty Ins		42579
INSURER C: Allied Insurance		42579
INSURER D: Pinnacle Assurance Company		41190
INSURER E: ZURICH AMERICAN		
INSURER F:		

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

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X X	ACP3007035031	02/12/15	02/12/16	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
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$ 2,000,000
b	AUTOMOBILE LIABILITY	X X	ACP3007035031	02/12/15	02/12/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" 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) \$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
C	UMBRELLA LIAB	X	ACP3007035031	02/12/15	02/12/16	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB					AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	4066653	03/01/15	03/01/16	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER
	<input checked="" type="checkbox"/> N					\$ 1,000,000
E	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC9691727-04 UTAH	03/01/15	03/01/16	E.L. EACH ACCIDENT \$ 1,000,000
						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

STATECO

State of Colorado, Dept of
Personnel & Administration
Attn Purchasing & Contracts
1525 Sherman St. 3rd Floor
Denver, CO 80203

CANCELLATION

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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NOTEPAD:

HOLDER CODE STATECO
INSURED'S NAME Conserve-A-Watt Lighting, Inc

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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.