

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2023

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the ter	ms and conditions of th	e policy, c	ertain po	olicies may r	•		
PROD	DUCER		CONTACT Marsh   U.S. Operations						
	MARSH USA, LLC. 800 Market Street, Suite 1800			PHONE (A/C, No, Ext)	866-96	6-4664	8-0811		
	St. Louis, MO 63101			E-MAIL ADDRESS: StLouis.CertRequest@Marsh.Com					
				INSURER(S) AFFORDING COVERAGE					NAIC#
				INSURER A: The Travelers Indemnity Company of Connecticut					25682
INSU	RED Enterprise Holdings, Inc.			INSURER B: Travelers Property Casualty Company of America					25674
	and its subsidiaries		INSURER C:						
	600 Corporate Park Drive St. Louis, MO 63105				INSURER D:				
					INSURER E:				
				INSURER F:					
CO	/ERAGES CER	TIFICATE	NUMBER:	CHI-0094	415116-08		REVISION NUMBER:		
IN Ce	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CO	ONTRACT POLICIES	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	PO (MM	LICY EFF I/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		HC2E-GLSA-474M7351-TCT-23	09/0	1/2023	09/01/2024	EACH OCCURRENCE	\$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X Fire Damage (Any One Fire)						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	5,000,000
									15,000,000

LTR	TYPE OF INSURANCE	INSD WV		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	'S
Α	X COMMERCIAL GENERAL LIABILITY		HC2E-GLSA-474M7351-TCT-23	09/01/2023	09/01/2024	EACH OCCURRENCE	\$ 5,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X Fire Damage (Any One Fire)					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 15,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 5,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		HEEAP-474M7302-TCT-23	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X SIR 2,000,000					, , , , , , , , , , , , , , , , , , , ,	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB-8P765351-23-NC-R (WI)	09/01/2023	09/01/2024	X PER OTH- STATUTE ER	
В	ANYPROPRIETOR/PARTNER/EXECUTIVE T N	N/A	HWXJUB-474M7074-TIL-23 (OH)	09/01/2023	09/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000
В	(Mandatory in NH)	N/A	UB-8P137346-23-NC-T (AOS)	09/01/2023	09/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		*SEE ATTACHED*			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)

GPBR: 12, Location: 6828 East County Line Road, Highland Ranch, CO 80126

State of Colorado is/are added as an additional insured (except Workers Compensation) where required by written contract. Auto coverage insures any Auto owned or leased by the named insured while operated by employees of the named insured. No coverage provided to renters under this policy. Waiver of Subrogation is applicable where required by written contract.

CERTIFICATE HOLDER	CANCELLATION				
State of Colorado Attn: State Purchasing & Contracts Office 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				
	Marsh USA LLC				

**AGENCY CUSTOMER ID:** CN101321765

Loc #: St. Louis



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY MARSH USA, LLC.		NAMED INSURED Enterprise Holdings, Inc. and its subsidiaries				
POLICY NUMBER		600 Corporate Park Drive St. Louis, MO 63105				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				

ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance				

Workers' Compensation Continued:

Carrier: The Standard Fire Ins. Co.

Policy #: UB-35878596-23-NC-F (Excess MN)

Effective Date: 09/01/2023 Expiration Date: 09/01/2024

Workers Compensation coverage for employees in Puerto Rico and in the States of North Dakota, Washington and Wyoming is provided through the Monopolistic State programs. Workers Compensation coverage for employees in Ohio is self-insured. Workers Compensation policy# UB-8P137346-23-NCT provides Employers Liability for all States with the exception of Wisconsin. Policy# UB-8P765351-23-NCR provides Employers Liability for Wisconsin.