



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/6/2018

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(ies) 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).

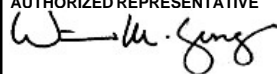
<b>PRODUCER</b> San Francisco, CA - California Street HUB International Insurance Services Inc. 580 California Street, Suite 1300 San Francisco CA 94104	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 877-728-2826		<b>FAX (A/C. No.):</b>
	<b>E-MAIL ADDRESS:</b> dallascerts@hubinternational.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> National Union Fire Insurance Company of Pittsburg			19445
<b>INSURER B:</b> ACE Property & Casualty Insurance Company			20699
<b>INSURER C:</b> New Hampshire Insurance Company			23841
<b>INSURER D:</b> American Home Assurance Company			19380
<b>INSURER E:</b> Illinois National Insurance Company			23817
<b>INSURER F:</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 1347049183 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Self-Insured Ret (SIR) \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 6939089	11/1/2018	11/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$15,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 7093352 (AOS) CA 7093351 (VA) CA 7093350 (MA)	11/1/2018 11/1/2018 11/1/2018	11/1/2019 11/1/2019 11/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XOO G27919431 004	11/1/2018	11/1/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C D E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 013778873 (AOS) WC 013778868 (CA) WC 013778869 (FL)	11/1/2018 11/1/2018 11/1/2018	11/1/2019 11/1/2019 11/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
C C A	Work Comp (NA,WI,ND,WA,WY) WC - (AK,AZ,KY,NC,NJ,NH,PA,UT,VA) Excess Work Comp (IL, OH)			WC 01377871 WC 013778872 XWC 4595560	11/1/2018 11/1/2018 11/1/2018	11/1/2019 11/1/2019 11/1/2019	LIMITS AS ABOVE LIMITS AS ABOVE SIR - \$1,000,000 LIMITS AS ABOVE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Non-Subscription Policy (TX)  
 Carrier: Great American Excess & Surplus  
 Policy Number: ECA 3719287  
 Policy Period: 11/1/2018 - 11/1/2019  
 Limits: Self-Insured Retention (Per Occurrence): \$1,000,000 - Combined Single Limit (Per Covered Employee): \$5,000,000 - Combined Single Limit (Per Occurrence): \$25,000,000  
 The State of Colorado and all of its agencies and institutions of higher education are included as Additional Insured under General Liability and Auto Liability, but only as required by contract or agreement. Waiver of subrogation is included in favor of the Certificate holder and Additional Insured, but only as required by contract or agreement. Coverage is Primary and Non-Contributory, but only as required by written contract.

<b>CERTIFICATE HOLDER</b>  State of Colorado c/o state of Purchasing Office 633 17th St. #1520 Denver CO 80202 USA	<b>CANCELLATION</b>  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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