

THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

State of Colorado Office of the State Controller 1525 N SHERMAN ST FL 3 DENVER CO 80203-1733

Account Information:

Policy Holder Details :	CIVIC INITIATIVES
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February 21, 2020



Business Service Center Business Hours: Monday - Friday (7AM - 7PM Central Standard Time) Phone: (866) 467-8730 Fax: (888) 443-6112 Email: agency.services@thehartford.com Website: https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

AC	CERTIFICAT		п п		ANCE		DATE (MM/DD/YYY	
5	OEIXIIIIO					02/21/2020		
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 SUBROGATIONIS WAIVED,								
subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not								
	onfer rights to the certificate holder in lieu o	of such endorseme		ACT.				
	DUCER INSURANCE HOLDINGS LLC/PHS		NAME:					
	05500		PHONE	```) 467-8730	FAX	(888) 443-6112 , No):	
The	Hartford Business Service Center		(A/C, N	o, Ext):		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, NOJ.	
3600 Wiseman Blvd				E-MAIL				
San	Antonio, TX 78251		ADDRE	ADDRESS: INSURER(S) AFFORDING COVERAGE				
INSU	PED		INSUR		el Insurance C		NAIC#	
			INSUR			ompany Ltd.	37478	
-	B LINARIA LN		INSUR	ERB: Midwes		ompany of the	01410	
AUS	STIN TX 78759-6268		INSUR	ER C :				
			INSUR	FRD:				
			INSUR					
			INSUR					
<u> </u>		TE NUMBER:	INSOR		DEVIC			
	VERAGES CERTIFICA HIS IS TO CERTIFY THAT THE POLICIES OF INSU	-		E BEEN ISSUED		ION NUMBER:		
IN C	DICATED.NOTWITHSTANDING ANY REQUIREME ERTIFICATE MAY BE ISSUED OR MAY PERTA	NT, TERM OR COND	ITION C	OF ANY CONTRA	CT OR OTHER I	DOCUMENT WITH RE CRIBED HEREIN IS	ESPECT TO WHICH T	
INSF	ERMS, EXCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE ADDL SUE			POLICY EFF				
LTR			EK	(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	LIMITS \$2,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED		
						PREMISES (Ea occurren	A 1 A	
		X General Liability				MED EXP (Any one pers PERSONAL & ADV INJU		
A	46 SBM ZW6			12/03/2019 12	12/03/2020		φ2,000	
						GENERAL AGGREGATI	.	
	OTHER:					PRODUCTS - COMP/OF	P AGG \$4,000	
						COMBINED SINGLE LIM	^{/IT} \$2,000	
	ANY AUTO			12/03/2019	12/03/2020	(Ea accident) BODILY INJURY (Per pe	erson)	
Δ	ALL OWNED SCHEDULED	46 CDM 7146	2006			BODILY INJURY (Per ac	,	
А	AUTOS AUTOS HIRED X NON-OWNED	46 SBM ZW6	9900			PROPERTY DAMAGE		
	X AUTOS X AUTOS				(Per accident)			
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$3,000	
А	EXCESS LIAB CLAIMS- MADE	46 SBM ZW6	6986	12/03/2019	12/03/2020	AGGREGATE	\$3,000	
	DED X RETENTION \$ 10,000							
	WORKERS COMPENSATION					X PER	OTH-	
	AND EMPLOYERS' LIABILITY ANY Y/N					E.L. EACH ACCIDENT	ER \$1,000	
в	PROPRIETOR/PARTNER/EXECUTIVE N/A X 46 WBC 7T		721 12/03/20	12/03/2019	12/03/2020	E.L. DISEASE -EA EMPI		
	OFFICER/MEMBER EXCLUDED?							
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY	LIMIT \$1,000	
^	EMPLOYMENT PRACTICES	46 SBM ZW6	2000	10/00/0040	10/00/0000	Each Claim Lir	mit \$10	
А	LIABILITY	9990	12/03/2019	12/03/2020	Aggregate Lim	nit \$10		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	CORD 101, Additional Re	emarks Se	chedule, may be atta	ched if more spac	e is required)		
	se usual to the Insured's Operations.							
	CERTIFICATE HOLDER				TION		ICIES BE CANCELLE	
State of Colorado Office of the State Controller							E WILL BE DELIVERE	
1525 N SHERMAN ST FL 3				IN ACCORDANCE WITH THE POLICY PROVISIONS.				
DENVER CO 80203-1733				AUTHORIZED REPRESENTATIVE				
				C PC L				

Susand. Castaneda

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AGENCY CUSTOMER ID:

LOC# : _____

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

		effective date: SEE ACORD 25		
CARRIER SEE ACORD 25	NAIC CODE			
SEE ACORD 25		AUSTIN TX 78759-6268		
POLICY NUMBER		CIVIC INITIATIVES 5828 LINARIA LN		
BIN INSURANCE HOLDINGS LLC/PHS				
AGENCY		NAMED INSURED		

ADDITIONAL REMARKS

-	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM						
1	FORM NUMBER:	ACORD 25	FORM TITLE:	CERTIFICATE OF LIABILITY INSURANCE			
Cartificate Helder is an Additional Insured and Weiver of Subragation applies in favor of the Cartificate helder part							

Certificate Holder is an Additional Insured and Waiver of Subrogation applies in favor of the Certificate holder per the Business Liability Coverage Form SS0008 attached to this policy. Notice of Cancellation will be provided in accordance with Form SS1223, attached to this policy.