



## CERTIFICATE OF LIABILITY INSURANCE

TCORNEJO

2/24/2021

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).

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	the ce	rtificate holder in lieu of su	ich endorsement(s	).	require an endorsemen	t. A	statement on
PRODUCER License # 0757776				CONTACT Barb Arnold				
2000	International Insurance Services (CC S. Colorado Blvd er 2, Suite 150	OL)		PHONE (A/C, No, Ext): (303) 252-3761 FAX (A/C, No): (866) 243-0727 E-MAIESS: Barbara.arnold@hubinternational.com				
Den	ver, CO 80222		INSURER(S) AFFORDING COVERAGE				NAIC#	
			INSURER A : Everest Indemnity Insurance Company				10851	
INSURED				INSURER B : Continental Western Insurance Company			10804	
	LW Enterprises, Inc. dba Al	armspe	INSURER C: Pinnacol Assurance Company				41190	
	6786 S. Revere Parkway Suite 110		INSURER D:					
Centennial, CO 80112				INSURER E :				
				INSURER F:				
CO	VERAGES CER	TIFICA	REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTAI POLICIE	MENT, TERM OR CONDITION IN, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CTT	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU INSD W	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		51GL002416-211	3/1/2021	3/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
В	AUTOMOBILE LIABILITY				3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		CPA 3184994 23	3/1/2021		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR				3/1/2022	EACH OCCURRENCE	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE	4 1	51CC000750-211	3/1/2021		AGGREGATE	\$	3,000,000
	DED X RETENTION\$ 10,000						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3/1/2021	3/1/2022	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	4089703			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES This	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC section intentionally left blank.	LES (ACC	ORD 101, Additional Remarks Schedu	ule, may be attached if mo	ore space is requi	red)		
CE	RTIFICATE HOLDER		CANCELLATION					
For Informational Purposes Only				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				