

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CHOOV

FIRESUP-01

						DURAN	UE	10/	/24/2018	
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).										
PRODUCER CONTACT Carlee Hoover										
Cor	nmercial Underwriters Insurance Age	PHONE (A/C, No, Ext): (801) 352-1161 FAX (A/C, No):(801) 3				352-1311				
5965 South 900 East, Ste. 150 Salt Lake City, UT 84121					E-MAIL ADDRESS: carlee@cuiagency.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
		INSURER A : Associated Industries Insurance Company								
INSURED									21415	
Fire Suppression Services, Inc.					INSURER C : National Union Fire Insurance Company of Pittsburgh PA					
3802 South 2300 East Millcreek, UT 84109					INSURER D : American Liberty Insurance Co.				12200	
									<u> </u>	
				NUMBER:	HAVE BEEN ISSUED		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ON THE DOURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT REDUCTION OF THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICES.										
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			AES102918601	09/01/2018	09/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC					K	PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	1,000,000	
			_	5E2	09/01 2018	09/01/2019	Ea accident) BODILY INJURY (Per person)	\$ \$,,	
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		Х				PROPERTY DAMAGE (Per accident)	\$		
								\$		
С	X UMBRELLA LIAB X OCCUR					00/04/0040	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAMMADE		7	ÉBU017158714	09/01/2018	09/01/2019	AGGREGATE	\$	1,000,000	
П	DED RETENTION \$						Y PER OTH-	\$		
	AND EMPLOYERS' LIABILITY			WCS43002201318	09/01/2018	09/01/2019	A STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000	
В	Leased/Rented Equip.			5C92286	09/01/2018	09/01/2019		Ψ	100,000	
В				5C92286	09/01/2018	09/01/2019	Deductible		1,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Schedu	le, may be attached if mor	re space is requi	red)			
CE	RTIFICATE HOLDER		CANCELLATION							
"Proof of Insurance"					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Arun.					Jesen Mobler					

ACORD 25 (2016/03)

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