

CHOOV

FIRESUP-01

7		ERTI	ABILITY INSURANCE			DATE (MM/DD/YYYY) 1/17/2020			
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 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 596	nmercial Underwriters Insurance Age 5 South 900 East, Ste. 150	ncy, LLC	PHONE (A/C, No, Ext): (801) 736-0637						
Sal	t Lake City, UT 84121		E-MAIL ADDRESS: carlee@cuiagency.com						
						RDINC COVERAGE	/ Inc	NAIC #	
	URED		INSURER A : Associated Industries Insurance Company, Inc INSURER B : Employers Mutual Casuany Company				21415		
	Fire Suppression Services,	20	INSURER C: National Union Fire Instrance Company of Pittsburgh				19445		
	3802 South 2300 East	INSURER D : American Liberty Insurance Co.			•	12200			
	Millcreek, UT 84109								
COVERAGES CERTIFICATE NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN SSUE TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRICT 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 REQUICED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	PC ICY EFF (MM/ D/YYYY)	POLICY EXP (MM/DD/YYYY)				
Α	X COMMERCIAL GENERAL LIABILITY				. ,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR		AES119093900	9/1/2019	9/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
			K Y	Y		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 X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
В						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		5E92286	9/1/2019	9/1/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	ΧX				PROPERTY DAMAGE (Per accident)	\$		
							\$		
С	UMBRELLA LIAB X OCCUP		EBU016051046	9/1/2019	9/1/2020	EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MODE					AGGREGATE	\$	1,000,000	
_	DED X RETENTION \$					V PER OTH-	\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	WCS43002201319	9/1/2019	9/1/2020	X PER OTH- STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			5/1/2015		E.L. EACH ACCIDENT	\$	1,000,000	
						E.L. DISEASE - EA EMPLOYEE		1,000,000	
B	If yes, describe under DESCRIPTION OF OPERATIONS below B Leased/Rented Equip.		5C92286	9/1/2019	9/1/2020	E.L. DISEASE - POLICY LIMIT	\$	100,000	
В		-	5C92286	9/1/2019	9/1/2020	Deductible		1,000	
_				0/1/2010				,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Verification of insurance subject to the terms and conditions of the policy.									

CERTIFICATE 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.			
	AUTHORIZED REPRESENTATIVE			
	Serie Moble			
	@ 1000 2015 ACODD CODDODATION All sights received			

ACORD 25 (2016/03)

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