



CERTIFICATE OF LIABILITY INSURANCE

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 License # 103856		CONTACT NAME: PHONE (A/C, No, Ext): (303) 808-9351	FAX (A/C, No): (303) 595-5268
DCInsurers (Steve Longenecker) 3705 Kipling St # 106 Wheat Ridge, CO 80033		E-MAIL ADDRESS: steve@mountaininsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Auto-Owners Insurance Company	18988
		INSURER B : Pinnacol Assurance	41190
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74046552	6/1/2024	6/1/2025	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC General Aggregate						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
			MED EXP (Any one person)				\$ 10,000		
			PERSONAL & ADV INJURY				\$ 1,000,000		
			GENERAL AGGREGATE				\$ 2,000,000		
			PRODUCTS - COMP/OP AGG				\$ 2,000,000		
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4729593400	3/4/2024	3/4/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000	
	UMBRELLA LIAB	OCCUR					BODILY INJURY (Per person)	\$	
	EXCESS LIAB	CLAIMS-MADE					BODILY INJURY (Per accident)	\$	
	DED	RETENTION \$					PROPERTY DAMAGE (Per accident)	\$	
								\$	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> Y	N / A	4230744	6/1/2024	6/1/2025	X PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT						\$ 100,000		
	E.L. DISEASE - EA EMPLOYEE						\$ 100,000		
	E.L. DISEASE - POLICY LIMIT						\$ 500,000		
A	Crime			74046552	6/1/2024	6/1/2025	Employee Theft	\$ 5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please contact our office (email: steve@mountaininsurance.com, fax: 303-595-5268 or voice: 303-808-9351) to obtain a current certificate with your company name and address.

CERTIFICATE HOLDER

CANCELLATION

SAMPLE CERTIFICATE

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