

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2022

MSHUE
DATE (MM/DD/YYYY)
40/04/0000

1101VIL-01

	SUBROGATION IS WAIVED, subje s certificate does not confer rights t	ct to	the	DITIONAL INSURED, the terms and conditions of ficate holder in lieu of su	the policy, certain ch endorsement(s)	policies may			
	^{UCER} Group, LLC Grand Avenue	CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9161 FAX (A/C, No, Ext): (970) 945-6027							
Suite	K			E-MAIL ADDRESS:				1	
nen	wood Springs, CO 81601			INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A : United Fire & Casualty INSURER B : Kevin Davis Insurance Service				13021
INSURED 1101 Village Road Office Condo 326 Highway 133, Suite 120					INSURER B : REVITI DAVIS INSURANCE SERVICE				
	Carbondale, CO 81623				INSURER E :				
					INSURER F :				
<u>sov</u>	ERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:				
INE CE	IS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF ANY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESP	ECT TC	WHICH THIS
NSR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
-				60535824	10/28/2022	10/28/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
┝							MED EXP (Any one person)	\$	10,00
ŀ							PERSONAL & ADV INJURY	\$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER: X PRO- LOC						GENERAL AGGREGATE	\$	2,000,00
F	OTHER:						PRODUCTS - COMP/OP AGG	\$ \$	
							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
Ļ	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
\rightarrow								\$	
ŀ	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$	
F	DED RETENTION \$						AGGREGATE	\$	
,	WORKERS COMPENSATION						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
	Property			60535824	10/28/2022		Building limit		7,178,97
B	Directors & Officers			106826262	10/28/2022	10/28/2023			

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