



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		CONTACT NAME: Michelle Castilla	
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601		PHONE (A/C, No, Ext): (970) 826-3495	FAX (A/C, No):
		E-MAIL ADDRESS: micellec@mtnwst.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Auto-Owners Insurance Company	2801
INSURED		INSURER B :	
		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.

TYPE OF INSURANCE				ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			74357404	3/2/2026	3/2/2027	EACH OCCURRENCE	\$	1,000,000			
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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			
								HNOA Liability	\$	1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:									COMBINED SINGLE LIMIT (Ea accident)	\$	
		AUTOMOBILE LIABILITY									BODILY INJURY (Per person)	\$	
		ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY									BODILY INJURY (Per accident)	\$	
	UMBRELLA LIAB		OCCUR				PROPERTY DAMAGE (Per accident)	\$					
	EXCESS LIAB		CLAIMS-MADE										
	DED		RETENTION \$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N N/A			PER STATUTE		OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)						E.L. EACH ACCIDENT						
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE						
							E.L. DISEASE - POLICY LIMIT						
A	Directors & Officers				74357404	3/2/2026	3/2/2027	Occurrence/Aggregate		1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
****Informational Copy Only****

**DESCRIPTION OF OPERATIONS / L
Informational Copy Only**

CERTIFICATE HOLDER

CANCELLATION

INSURED'S COPY 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.

AUTHORIZED REPRESENTATIVE

Michelle Castilla