

VCHOWDHURY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2021

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.

	SUBROGATION IS WAIVED, subje- is certificate does not confer rights t				ıch end	dorsement(s)		require an end	lorsemen	t. A :	statement on	
PRODUCER DC Insurers-Mountain, LLC 3705 Kipling St # 106 Wheat Ridge, CO 80033						CONTACT NAME:						
						PHONE (A/C, No, Ext): (303) 283-0004				FAX (A/C, No): (303) 420-2882		
						E-MAIL ADDRESS: vchowdhury@dcinsurers.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Acuity					14184	
Hawley Coring, Inc. 7644 Quartz Street						INSURER B:						
						INSURER C:						
						RD:						
Arvada, CO 80007					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:							
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHEI IES DESCRIE	R DOCUMENT WI BED HEREIN IS S	TH RESPE SUBJECT T	CT TO	O WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			Z97940		4/3/2021	4/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ICE FED currence)	\$	300,000	
								MED EXP (Any one	person)	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- LOC OTHER:							PRODUCTS - COM	IP/OP AGG	\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	X ANY AUTO			Z97940		4/3/2021	4/3/2022	BODILY INJURY (P	er person)	\$		
	X OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (P	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	ICE	\$	2,000,000	
			Z97940	Z97940		4/3/2021	4/3/2022	AGGREGATE		\$	2,000,000	
	DED RETENTION \$									\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			Z97940		4/3/2021	4/3/2022	X PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE	NT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)				
<u> </u>	DTIFICATE HOLDED				0411	OFILATION						
CE	RTIFICATE HOLDER				CAN	CELLATION						
					SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	ANCE	LLED BEFORE	
	Hawley Coring Inc				THE	EXPIRATIO	N DATE TH	IEREOF, NOTIC				
7644 Quartz St						ACCORDANCE WITH THE POLICY PROVISIONS.						
Arvada, CO 80007					AUTHORITED DEDDESCRITATIVE							
						AUTHORIZED REPRESENTATIVE						