

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/16/2017

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 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).

certificate holder in fleu of Such e	endorsement(s).					
PRODUCER		CONTACT NAME: Shana Tamayo				
Commercial Risk Solutions		PHONE (A/C, No, Ext):303-996-7842	FAX (A/C, No):303-75			
6600 E. Hampden Ave., Ste. 200 Denver CO 80224		E-MAIL ADDRESS:stamayo@crsdenver.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Westfield Insurance		24112		
INSURED	MKCUS-2	INSURER B:Pinnacol Assurance		41190		
MK Custom Fabrication, LLC		INSURER C:				
9360 Tammy Lane		INSURER D:				
Parker CO 80134		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 53361280	REVISION NUM	IBER:			
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LISTED RELOW HAVE REEN ISSUED TO THE INSURED ABOVE FOR THE POLICY DEPIOD						

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.

INICD	ISR ADDL SUBR POLICY EFF POLICY EFF POLICY EXP						
INSR LTR	TYPE OF INSURANCE	INSR W	VD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	GENERAL LIABILITY		CWP4392869	4/1/2016	4/1/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$500,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		CWP4392869	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
1	X ANY AUTO					BODILY INJURY (Per person)	\$
1	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		CWP4392869	4/1/2016	4/1/2017	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$0						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		4155136	4/1/2016	4/1/2017	X WC STATU- OTH- TORY LIMITS ER	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
А	Equipment Floater		CWP4392869	4/1/2016	4/1/2017		25,000 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All policy terms, conditions and exclusions apply.

CERTIFICATE HOLDER		CANCELLATION			
	For Informational Purposes 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.			
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