

Contractor's License # - 018641

Lallier Construction Michael Lallier 5685 GRAY ST ARVADA CO 80002

Bus Phone: (303)254-4303

Fax: (303)733-2505

Type of License Expires On Amount

Roofing Contractor 04/30/18 75.00

Person(s) able to pull permits - Michael Lallier, Andy
Coria & Page Dyer

ACORD ...

ACORD 25(2001/08)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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		INSURERS AFFO	AGE	NAIC#			
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	35 Gray St		1980વર તે છ				
	ada, CO 80002		INSURCE C INSURCE D				
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	GENERAL LIABILITY				EAGH CCCURNENCE		
	COMMERCIAL GENERAL LIABILITY	Property			CETPUSE OF SORMAC		
	SCAM BMIALD COOR	-	***************************************		PRUMISES		
		5	-		McD LX ² (Any one person)		
					PERSONAL & ADVINUARY		
	OUNT ADORTORATE BERN APPLIERS NEW				GLINERAL AGGREGATE		
	Secret foc				PRODUCTS - COMPADH AGG		
	AUTOMOBILE LIABILITY				COMBINED SPICEL EMB		
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	BOTH, DOLLED AUTOS . HERED AUTOS				(Par person)		
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	10 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13				PROPERTY DAMAGE		
					(Per seedent)		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		
	ANY AUTO				OFFICE THAN LA ACC		
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	COCUR CLASSIMADI				AGGREGATE		
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	3.1.7080V \$				***************************************		
	WORKERS COMPENSATION AND				X WC STATES OTHER		
Α	EMPLOYER'S LIABILITY	4177073	05/01/2017	05/01/2018	10-3Y (#.815		
	ANY PROPERTOR PLANS CO. AS	4.11013	03/01/2017	USIO HZUTO	EL GACHACCOENT	\$1,000,000	
	OFFICERMENBUR LXCC00002				LIL DISLASILI LA LIMPLOMILI	\$1,000,000	
	If yos, please describe under 6.2-CIAL →ROVISKYNS Issan. OTHER				ELE DISZASE - POCICY UMBH	\$1,000,000	
DESC	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLU	ISIONS ADDED BY ENDORSEMI	ENT/SPECIAL PROVISIO	ns			
CERT	TEICATE HOLDER		CANCELLATIO				
CERTIFICATE HOLDER 1798717					RIBED POLICIES RE CANCE	LED BEFORE	
City of Wheat Ridge 7500 W 29th Ave. Wheat Ridge, CO 80033			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO NOTIFY 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO NOTIFY SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
		AUTHORIZED REPRESENTATIVE					
			Allison Piehl				

Underwriter

ACORD CORPORATION 1988



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2017

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).

****	entificate holder in fleu of such endors	seme	nt(s).		Tealityet			***************************************				
	DUCER				CONTACT NAME: Robert Alessandra							
A I Agency of Colorado inc					PHONE (A/C, No, ext): (303) 745-0300 EMAIL ADDRESS: ralessandra@niagency.net							
202	0 S Oneida St Ste 203				E-MAIL ADDRESS: ralessandra@niagency.net							
					INSURER(S) AFFORDING COVERAGE NAIC #							
Der	nver			CO 80224	INSURER A: Knight Specialty Insurance Company							
INSU	RED				INSURER B: Liberty Mutual Insurance Comapany							
					INSURER C: National Union Fire Insurance Company							
LALLIER CONSTRUCTION INC					INSURER D: Rockhill Insurance Company							
	5685 GRAY ST				INSURER E:							
ARVADA CO 80002					INSURER F:							
ÇO\	/ERAGES CER	TIFIC	ATE	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		SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS					
	X COMMERCIAL GENERAL LIABILITY	INCOL	TIVE	TOMOT HOMOLIT	(hamarra 1111)	(mmiDDITTT)		00,000				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED),000				
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Α]		KSVENS161167901	06/05/2016	06/05/2017						
••	GEN'L AGGREGATE LIMIT APPLIES PER:			X37 L. 43101107901	00/03/2010	00/03/2017		00,000				
	PRO:							00,000				
								00,000				
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT					
	 7						····	00,000				
n	ANY AUTO ALL OWNED AUTOS X AUTOS NON-OWNED			N 1 (1600)0000			BODILY INJURY (Per person) \$					
В				BAS57802285	02/09/2017	02/09/2018	BODILY INJURY (Per accident) \$					
-	X HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident) S					
							S					
	X UMBRELLA BAB OCCUR						EACH OCCURRENCE \$ 5,0	00,000				
С	EXCESS LIAB CLAIMS-MADE			011735685	06/05/2016	06/05/2017	AGGREGATE \$ 5,0	00,000				
	X DED RETENTIONS 10,000						s					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT \$					
i	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE S					
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$					
D	POLLUTION LIABILITY			ENVP0136770-01	06/05/2016	06/05/2017	\$1,000,000					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Sched	ule, may be attached if me	ore space is requ	stred)					
	TIFICATE HOLDER			~1	SAMORI I PROM							
<u> </u>	IIFICATE BOLDER				CANCELLATION	·····						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
	7500 W 20th A			ļ		· · ·						
7500 W 29th Ave					AUTHORIZED REPRESENTATIVE							
	Wheat Ridge, CO 80033											
	Hall Rom /											
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