

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	BHAGEN

GREEROO-02

				NDIL				6/	18/2020	
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 holde If SUBROGATION IS WAIVED, subje- this certificate does not confer rights t	ct to	the	terms and conditions of	the pol	icy, certain p	policies may				
PRODUCER					CONTACT Amanda Bassett					
Taggart & Associates, Inc. 1680 38th Street				PHONE FAX (A/C, No, Ext): (A/C, No):						
Suite 110 E-MAIL Boulder, CO 80301					^{All} RESS: abassett@taggartinsurance.com					
			INSURER(S) AFFORDING COVERAGE					NAIC #		
			INSURER A : The Cincinnati Specialty Underwriters Insurance Company				13037			
INSURED Greenpoint Roofing, LLC 1030 Boston Ave Longmont, CO 80501			INSURER B : Owners Insurance Company					32700		
			INSURER C : Pinnacol Assurance					41190		
			INSURER D :							
U ,				INSURE						
	TI-14	• • • •		INSURE	KF:				<u> </u>	
			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.									WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR			CSU0057801		5/14/2020	5/14/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
B AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY AUTO			5235161700		6/25/2020	6/25/2021	BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
	-							\$	0.000.000	
A UMBRELLA LIAB X OCCUR			00110400044		E (1 4/2020	E/4 4/2024	EACH OCCURRENCE	\$	2,000,000	
X EXCESS LIAB CLAIMS-MADE	-		CSU0120314		5/14/2020	5/14/2021	AGGREGATE	\$	2,000,000	
DED X RETENTION \$ 0							V PER OTH-	\$		
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		4466294		7/1/2020	7/1/2024	X PER OTH- STATUTE ER		E00 000		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A		4166284		7/1/2020	7/1/2021	E.L. EACH ACCIDENT	\$	500,000	
							E.L. DISEASE - EA EMPLOYEE	\$	500,000 500.000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
L										
CERTIFICATE HOLDER				CANC	ELLATION]	

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



City of Longmont 385 Kimbark Street Longmont, CO 80501

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