## **ALICIARHODES**



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2017

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.

l II	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may	NAL INSURED I require an end	orovision orsemen	is or i	e endorsed. Statement on	
	DUCER	O LITE	, 0011	incate noider in neu or su	CONTA NAME:		<u> </u>					
NFP Property & Casualty Services, Inc. 4538 E. Camp Lowell Dr., Bld G											520) 886-4606	
Tuc	son, AZ 85712	E-MAIL ADDRESS:										
		INSURER(S) AFFORDING COVERAGE						NAIC#				
		INSURER A: United Fire & Casualty Company						13021				
INSURED CMR Construction, LLC Mike						INSURER B: Carolina Casualty Ins. Co.					10510	
						INSURER C:						
	P O Box 26725			-	INSUR			<del></del>			-	
	Tucson, AZ 85726-7046			-	INSURER E:							
	VERAGES CER	NUMBER:	INSURER F : REVISION NUMBER:						<u> </u>			
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	OED B	ANY CONTRA Y THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABO R DOCUMENT WI ED HEREIN IS S	VE FOR T TH RESPE UBJECT T	O ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000	
	CLAIMS-MADE X OCCUR			60436004		08/16/2016	08/16/2017	DAMAGE TO RENT PREMISES (Ea occi	ED .	\$	100,000	
	52 mile mile (X) 5556K			00430004		00/10/2010	00/10/2017	MED EXP (Any one		\$ \$	5,000	
								PERSONAL & ADV		s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COM		\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	ANY AUTO			60436004		08/16/2016	08/16/2017	BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (PO	er accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		İ					PROPERTY DAMAG (Per accident)	, C	\$		
A	X UMBRELLA LIAB X OCCUR		<u> </u>					:		\$	2,000,000	
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			60436004		08/16/2016	08/16/2017	EACH OCCURRENCE	CE	\$	2,000,000	
	DED RETENTION \$							AGGREGATE		s s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BNUWC0139130		01/01/2017	01/01/2018	X PER STATUTE	OTH-	<u>-₹</u>		
								E.L. EACH ACCIDE		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI fication of Insurance	LES (	ACORE	101, Additional Remarks Schedule	e, may b	e attached if mor	re space is requir	ed)				
CERTIFICATE HOLDER						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.						
					AUTHO	RIZED REPRESE	NTATIVE					
ne 15 41 51						Shiro-Aroles						

Verification of Insurance