

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2016

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).

	24011 011401001110111(0)1					
PRODUCER		CONTACT NAME:				
Tutton Insurance Se	ervices, Inc.	PHONE (A/C, No, Ext): (949)261-5335 FAX (A/C, No): (949)261-1911				
2913 S Pullman Stre	eet	E-MAIL ADDRESS:				
License #0B89376		INSURE	NAIC #			
Santa Ana	CA 92705	INSURER A :Everest	Indemnity	Insurance Co	10851	
INSURED		INSURER B:				
Freedom Fire Protec	ction, LLC	INSURER C :				
4026 Mulligan Drive	INSURER D :					
		INSURER E :				
Longmont	CO 80504	INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 16/17		REVIS	ION 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	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
Α	CLAIMS-MADE X OCCUR			51GL001927161	7/1/2016	7/1/2017	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			E&O is on Occurrence Form			PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC			Limits = GL Agg & Ea Occ			ERRORS & OMISSIONS	\$	INCLUDED
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO			** UMBRELLA POLICY GOES			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			OVER AUTO LIABILITY			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			ISUUED THROUGH ANOTHER			PROPERTY DAMAGE (Per accident)	\$	
				BROKERAGE **				\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 10,000			51CC000626161	7/1/2016	7/1/2017		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	<u></u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			** UMBRELLA POLICY GOES			E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		OVER WC ISSUED THROUGH			E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			ANOTHER BROKERAGE **			E.L. DISEASE - POLICY LIMIT	\$	
A	LIMITED POLLUTION			51GL001927161	7/1/2016	7/1/2017	AGGREGATE		1,000,000
	LIABILITY			DEDUCTIBLE: \$1,000			EACH INCIDENT		1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

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Evidence of Insurance

CENTIFICATE HOLDER	CANCELLATION					
Evidence of Insurance	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					
	Stanley Tutton/CLAUDI Storley W Jutton					

CANCELLATION