

A	Ć	ORD	CI	ER	TIF		BILI		URANC	GOLDLA		SHELBYC TE (MM/DD/YYYY) 7/15/2016	
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.													
1	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).												
PRODUCER CCIG 5660 Greenwood Plaza Blvd. Suite 500								CONTACT NAME: FAX PHONE (A/C, No, Ext): (303) 799-0110 FAX (A/C, No): (303) 799-0156 E-MAIL ADDRESS: JanineD@thinkccig.com FAX (A/C, No): (303) 799-0156					
Greenwood Village, CO 80111								INSURER(S) AFFORDING COVERAGE					
INSURED Gold Label Door Company Inc; Dustco Building Specialties, Inc Dustco Building Specialties 1440 El Paso Blvd								R B : Pinnaco	42579 41190				
								RC:					
								RD:					
		Denver, CO				·	INSURER E :						
	VFR	AGES	CER	TIFI	САТЕ		INSURER F : REVISION NUMBER:						
COVERAGES CERTIFICATE 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.											TO WHICH THIS		
INS		TYPE OF INSU			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X	COMMERCIAL GENE								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			ACP3017277436		07/17/2016	07/17/2017	PREMISES (Ea occurren		300,000	
										MED EXP (Any one perso	,	10,000 1,000,000	
	GEN	LAGGREGATE LIMIT								PERSONAL & ADV INJU GENERAL AGGREGATE		2,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP		2,000,000	
		OTHER:									\$		
	AUTOMOBILE LIABILITY							07/17/2016	07/17/2017	COMBINED SINGLE LIM (Ea accident)	IT \$	1,000,000	
A						ACP3017277436				BODILY INJURY (Per per	rson) \$		
		ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per acc PROPERTY DAMAGE	,		
		HIRED AUTOS	AUTOS							(Per accident)	\$		
	x	UMBRELLA LIAB	X OCCUP									5,000,000	
A	\vdash	EXCESS LIAB	OCCUR CLAIMS-MADE			ACP3007277436		07/17/2016	07/17/2017	EACH OCCURRENCE	\$	5,000,000	
.	\square	DED X RETENT	Δ Δ	1							\$	_,,	
		KERS COMPENSATIO	N								DTH-		
в	ANY	PROPRIETOR/PARTNE		N/A		4066886		03/01/2016	03/01/2017	E.L. EACH ACCIDENT	\$	1,000,000	
	(Man	CER/MEMBER EXCLUE	DED?	N/A						E.L. DISEASE - EA EMPI	OYEE \$	1,000,000	
	DES	s, describe under CRIPTION OF OPERAT	TIONS below							E.L. DISEASE - POLICY	LIMIT \$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													

CERTIFICATE HOLDER	CANCELLATION						
Proof of Coverage	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						

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