

Client#: 1234567
ACORD CERTIFICATE OF LIABILITY INSURANCE

PAYMEHOL

DATE (MM/DD/YYYY)
8/09/2022

<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).</p>																				
<p>PRODUCER USA Insurance Services, LLC 200 Wonder Dr Suite 400 Tampa, FL 33607</p>																				
<p>INSURED XYZ, Inc. 1120 14th St SE Loveland, CO 80537</p>																				
<table border="1"> <tr> <td>CONTACT NAME: Ginger Rayl</td> </tr> <tr> <td>PHONE (A/C, No. Ext.): 970-321-7500</td> <td>FAX (A/C, No.): 970 321-7525</td> </tr> <tr> <td>E-MAIL ADDRESS: ginger.rati@usi.com</td> <td></td> </tr> <tr> <td>INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A : Great Northern Insurance Company</td> <td>12345</td> </tr> <tr> <td>INSURER B : Federal Insurance Company</td> <td>23456</td> </tr> <tr> <td>INSURER C : Chubb Indemnity Insurance Company</td> <td>34567</td> </tr> <tr> <td>INSURER D : Great American Insurance Company</td> <td>45678</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		CONTACT NAME: Ginger Rayl	PHONE (A/C, No. Ext.): 970-321-7500	FAX (A/C, No.): 970 321-7525	E-MAIL ADDRESS: ginger.rati@usi.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Great Northern Insurance Company	12345	INSURER B : Federal Insurance Company	23456	INSURER C : Chubb Indemnity Insurance Company	34567	INSURER D : Great American Insurance Company	45678	INSURER E :		INSURER F :	
CONTACT NAME: Ginger Rayl																				
PHONE (A/C, No. Ext.): 970-321-7500	FAX (A/C, No.): 970 321-7525																			
E-MAIL ADDRESS: ginger.rati@usi.com																				
INSURER(S) AFFORDING COVERAGE	NAIC #																			
INSURER A : Great Northern Insurance Company	12345																			
INSURER B : Federal Insurance Company	23456																			
INSURER C : Chubb Indemnity Insurance Company	34567																			
INSURER D : Great American Insurance Company	45678																			
INSURER E :																				
INSURER F :																				

<p>COVERAGES</p>		<p>CERTIFICATE NUMBER:</p>		<p>REVISION NUMBER:</p>																																																							
<p>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.</p>																																																											
<p>Types of Insurance required by contract</p> <p>Policy Form- "Claims Made" or "Occurrence"</p> <p>Named Additional Insured – Can be provided via either method or by endorsement.</p>	<table border="1"> <tr> <td>LTR</td> <td>TYPE OF INSURANCE</td> <td>ADD'L INSR</td> <td>SUB/R WD.</td> <td>POLICY NUMBER</td> <td>POLICY EFF. (MM/DD/YYYY)</td> <td>POLICY EXP. (MM/DD/YYYY)</td> <td>LIMITS</td> </tr> <tr> <td>A</td> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</td> <td>X</td> <td></td> <td>36AB069362</td> <td>08/09/2022</td> <td>08/09/2023</td> <td> <table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA occurrence)</td> <td>\$1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$15,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$1,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$2,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table> </td> </tr> </table>	LTR	TYPE OF INSURANCE	ADD'L INSR	SUB/R WD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X		36AB069362	08/09/2022	08/09/2023	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA occurrence)</td> <td>\$1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$15,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$1,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$2,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (EA occurrence)	\$1,000,000	MED EXP (Any one person)	\$15,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$1,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000	OTHER	\$																												
	LTR	TYPE OF INSURANCE	ADD'L INSR	SUB/R WD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS																																																			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X		36AB069362	08/09/2022	08/09/2023	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA occurrence)</td> <td>\$1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$15,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$1,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$2,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (EA occurrence)	\$1,000,000	MED EXP (Any one person)	\$15,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$1,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000	OTHER	\$																																						
EACH OCCURRENCE	\$1,000,000																																																										
DAMAGE TO RENTED PREMISES (EA occurrence)	\$1,000,000																																																										
MED EXP (Any one person)	\$15,000																																																										
PERSONAL & ADV INJURY	\$1,000,000																																																										
GENERAL AGGREGATE	\$1,000,000																																																										
PRODUCTS - COMP/OP AGG	\$2,000,000																																																										
OTHER	\$																																																										
	<table border="1"> <tr> <td>A</td> <td>AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> <td>X</td> <td>736233CD56</td> <td>08/09/2022</td> <td>08/09/2023</td> <td> <table border="1"> <tr> <td>COMBINED SINGLE LIMIT (accident)</td> <td>\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (per occurrence)</td> <td>\$</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table> </td> </tr> <tr> <td>B</td> <td><input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB</td> <td>X</td> <td>FG78194620</td> <td>08/09/2022</td> <td>08/09/2023</td> <td> <table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$25,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$25,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table> </td> </tr> <tr> <td>C</td> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td>Y/N <input checked="" type="checkbox"/> N</td> <td>N/A</td> <td>71832927HJ</td> <td>08/09/2022</td> <td>08/09/2023</td> <td> <table border="1"> <tr> <td>X PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table> </td> </tr> <tr> <td>D</td> <td>Professional Liability</td> <td></td> <td></td> <td>SAAE6066710GLP</td> <td>08/09/2022</td> <td>08/09/2023</td> <td>\$1,000,000</td> </tr> </table>	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	736233CD56	08/09/2022	08/09/2023	<table border="1"> <tr> <td>COMBINED SINGLE LIMIT (accident)</td> <td>\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (per occurrence)</td> <td>\$</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (accident)	\$1,000,000	BODILY INJURY (per person)	\$	BODILY INJURY (per accident)	\$	PROPERTY DAMAGE (per occurrence)	\$	OTHER	\$	B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	X	FG78194620	08/09/2022	08/09/2023	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$25,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$25,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$25,000,000	AGGREGATE	\$25,000,000	OTHER	\$	C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	71832927HJ	08/09/2022	08/09/2023	<table border="1"> <tr> <td>X PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table>	X PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000	D	Professional Liability			SAAE6066710GLP	08/09/2022	08/09/2023	\$1,000,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	736233CD56	08/09/2022	08/09/2023	<table border="1"> <tr> <td>COMBINED SINGLE LIMIT (accident)</td> <td>\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (per occurrence)</td> <td>\$</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (accident)	\$1,000,000	BODILY INJURY (per person)	\$	BODILY INJURY (per accident)	\$	PROPERTY DAMAGE (per occurrence)	\$	OTHER	\$																																											
COMBINED SINGLE LIMIT (accident)	\$1,000,000																																																										
BODILY INJURY (per person)	\$																																																										
BODILY INJURY (per accident)	\$																																																										
PROPERTY DAMAGE (per occurrence)	\$																																																										
OTHER	\$																																																										
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	X	FG78194620	08/09/2022	08/09/2023	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$25,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$25,000,000</td> </tr> <tr> <td>OTHER</td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$25,000,000	AGGREGATE	\$25,000,000	OTHER	\$																																															
EACH OCCURRENCE	\$25,000,000																																																										
AGGREGATE	\$25,000,000																																																										
OTHER	\$																																																										
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	71832927HJ	08/09/2022	08/09/2023	<table border="1"> <tr> <td>X PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table>	X PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000																																												
X PER STATUTE	OTHER																																																										
E.L. EACH ACCIDENT	\$1,000,000																																																										
E.L. DISEASE - EA EMPLOYEE	\$1,000,000																																																										
E.L. DISEASE - POLICY LIMIT	\$1,000,000																																																										
D	Professional Liability			SAAE6066710GLP	08/09/2022	08/09/2023	\$1,000,000																																																				
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>City of Loveland is named as additional insured for commercial general liability and automotive liability.</p> <p>City Project ABC, as required by agreement.</p>						<p>Policy Effective Date: Must be prior to or coincidental with effective date of contract</p> <p>Policy Expiration Date: Must be on or after termination of contract.</p> <p>Description of Operations</p>																																																					

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p>
<p>City of Loveland 500 E. 3rd Street, Suite 300 Loveland, CO 80537</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>E. M. Carl</i></p>