

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2013

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).

BLACKBURN JONES COMPANY PO BOX 1479 OGDEN UT 84402    FAC. No. Ext.   (801) 392-7516   FAX.   (801) 621-1147     FAX.   F	PRODUCER Phone: (801) 392-7516 Fax: 801-621-1147  BLACKBURN JONES COMPANY  PO BOX 1479					CONTACT NAME: PHONE (A/C, No, Ext): (801) 392-7516    FAX (A/C, No, Ext): (801) 621-1147					
FAME   Call											
INSURER A: CINCINATE LICE  RECEIVED	_					E-MAIL	clay@hh	jco.com			
NOUNCER B : WOrkers Compensation Fund  NEURER B : Workers Compensation Fund  NEURER C :  NEURER C :  NEURER E :  NEUROR FAIT E POLICY DE REI DAIL DE LAIMS.  NEURER E :  NEURE								JRER(S) AFFOR	RDING COVERAGE		NAIC#
R J EXCAVATING LLC DBA CWR INVESTMENTS LLC, CWR TRUCKING 4937 W. HAVEN ROAD WEST HAVEN UT 84401  ROBERTS : MORRER D:  NOURIER						INSURE	RA: Cincinn	ati Insuranc	e Companies		10677
### ### ##############################						INSURE	RB: Workers	s Compensa	tion Fund		
MEST HAVEN UT 84401    ROUBER   SOUTH			JCKII	NG		INSURE	RC:				
COVERAGES  CERTIFICATE NUMBER: 82508  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN SUED 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.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **RECLUSIONS AND CONDITIONS OF SUCH POLICIES.** LIMITS SHOWN MAY HAVE BEEN REDUCED.** STOWN MAY HAVE BEEN RE											
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A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CENTL AGGREGATE LIMIT APPLIES PER: POLICY DICTOR   PRO-   LOC   AUTOS   HIRED AUTOS   MONOWINED   AUTOS   HIRED AUTOS   LAID   AUTOS   DED   X   RETENTION S   10,000  B WORKERS CAMPENSATION S   10,000  AUTOS   DED   X   RETENTION S   10,000  B WORKERS COMPENSATION S   1,000,000  CENTRAL ADVINUARY   S   1,000,000  CENTRAL AGGREGATE   S   2,000,000  CENTRAL AGGREGATE   S   1,000,000	IN CI EX	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICI	MENT AIN, TI ES. LII	, TERM OR CONDITION C HE INSURANCE AFFORDE MITS SHOWN MAY HAVE BE	OF ANY ED BY T	CONTRACT ( HE POLICIES DUCED BY PAI	OR OTHER D DESCRIBED D CLAIMS.	OCCUMENT WITH RESPECT HEREIN IS SUBJECT TO	T TO ALL T	WHICH THIS
Note	LTR		INSR	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)			
CLAIMS-MADE   X   OCCUR   MED. EXP (Any one person)   S   5,000	Α				ENP0087027		06/25/13	06/25/14			
PERSONAL & ADV INJURY   \$ 1,000,000									PREMISES (Ea occurence)	-	
GENERAL AGGREGATE \$ 2,000,000  GENE AGGREGATE LIMIT APPLIES PER:    POLICY   PRODUCTS - COMP/OP AGG   \$ 2,000,000    PRODUCTS - COMP/OP AGG   \$ 2,000,000    PRODUCTS - COMP/OP AGG   \$ 2,000,000    Recomplied Single Limit   \$ 1,000,000   Recomplied Representation   \$ 1,000,000   Recomplied Recomplin		CLAIMS-MADE X OCCUR							. , , , ,	· ·	<u> </u>
GENL AGGREGATE LIMIT APPLIES PER:  POLICY POLICY PRO SCHEDULED AUTOS ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS WORK-OWNED AUTOS PROPERTY DAMAGE (Ger accident) S  BODILY INJURY (Per person) S  BODILY INJURY (Per person) S  BODILY INJURY (Per person) S  BODILY INJURY (Per accident) S  PROPERTY DAMAGE (Ger accident) S  AUTOS S  BODILY INJURY (Per person) S  BODILY INJURY (Per person) S  BODILY INJURY (Per accident) S  PROPERTY DAMAGE (Ger accident) S  AGGREGATE S 1,000,00 AND EMPLOYER'S LIABILITY ANY PROPERTY DAMAGE (Ger accident) S  EACH OCCURRENCE S 1,000,00 AGGREGATE S 1,000,00 AGGREGAT										-	
POLICY JECT LOC  A AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS DEDILY INJURY (Per accident) SCHEDULED AUTOS HIRED AUTOS HONO-OWNED											
A AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HON-OWNED AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  NON-OWNED AUTOS  NON-O		PRO-							PRODUCTS - COMP/OP AGG	· ·	2,000,000
A NON-OWNED AUTOS		POLICY JECT LOC							COMBINED SINGLE LIMIT	\$	
ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OW	Α				ENP0087027		06/25/13	06/25/14	(Ea accident)	-	1,000,000
AUTOS HIRED AUTOS AUTOS  AUTOS AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AGREGATE  \$ 1,000,000  AGGREGATE  \$ 1,000,000  \$ \$  AGGREGATE  \$ 1,000,000  \$ \$  AGGREGATE  \$ 1,000,000  \$ \$  AUTOS  AGGREGATE  \$ 1,000,000  AGGREGATE  \$										-	
A UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below    Mandatory in NH)   M		AUTOS AUTOS							, , ,		
A UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MBMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  ENPON87027  B WORKERS COMPENSATION \$ 10,000  C AGGREGATE \$ 1,000,000  S  EACH OCCURRENCE \$ 1,000,000  S  E.L. EACH ACCIDENT \$ 500,000  E.L. DISEASE-POLICY LIMIT \$ 500,000											
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  AGGREGATE \$ 1,000,000  \$ \$  E.L. EACH ACCIDENT \$ 500,000  E.L. DISEASE-EA EMPLOYEE \$ 500,000  E.L. DISEASE-POLICY LIMIT \$ 500,000		Y League			FNDOOTOOT		00/05/40	00/05/44	EAGU GOOUDDENGE	· ·	4 000 000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  2225964  03/25/13  03/25/14  X WC STATU- OTH SERVICION S	Α				ENP008/02/		06/25/13	06/25/14		-	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  2225964  03/25/13  03/25/14  X   WC STATU- TORY LIMITS   OTH SEL. EACH ACCIDENT   S 500,000   E.L. DISEASE-EA EMPLOYEE   S 500,000   E.L. DISEASE-POLICY LIMIT   S 500,000   E.L. DISEASE-									AGGREGATE	-	1,000,000
ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below    Solution	_	1 121 1 10,000			2225064		02/25/42	02/25/44	Y WC STATU- OTH		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	В	AND EMPLOYERS' LIABILITY Y/N			2225964		03/25/13	03/25/14		1	E00 000
(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE-POLICY LIMIT \$ 500,00		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							-	
DESCRIPTION OF OPERATIONS DETOW										· ·	
DESCRIPTION OF ORED ATIONS / LOCATIONS / VEHICLES (Attach ACORD 404 Additional Remarks Schooling if many areas in convincil)									E.L. DISEASE-POLICY LIMIT	\$	500,000
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	CFF	RTIFICATE HOLDER				CANC	ELLATION				
CERTIFICATE HOLDER CANCELLATION	<u> </u>	THE HOLDER				JAN 1					
CERTIFICATE HOLDER CANCELLATION	Weber County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						I				•	

Attention:

Josh Jones