

CERPAD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/12/2019

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 have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to							require an endorsemen	t. As	tatement on	
	ODUCER License # 0E67768	, tile (CEILI	incate noider in ned or su	CONTACT NAME:						
IOA Insurance Services 3875 Hopyard Road Suite 200 Pleasanton, CA 94588 INSURED Endurance Utah, LLC dba Salt to Saint Relay 2834 N 700 East Ogden, UT 84414						PHONE (A/C, No, Ext): (925) 416-7862 FAX (A/C, No): (925) 416-7869					
						(A/C, No, Ext): (923) 410-7003 E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Lexington Insurance Company					
						INSURER B:				19437	
						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
CC	OVERAGES CERT	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
1	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT	REME AIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSE		ADDL S				POLICY EFF (MM/DD/YYYY)		LIMIT	s		
Α						· · · · · · · · · · · · · · · · · · ·	<u> </u>	EACH OCCURRENCE	\$	3,000,000	
	CLAIMS-MADE X OCCUR			25282918		4/28/2019	2/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	3,000,000	
	X POLICY PRO- LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							HIRED NOA	s	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES We	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ber County is Additional Insured as respe	ES (A)	CORE O the	0 101, Additional Remarks Schedu e General Liability.	ile, may b	e attached if mon	e space is requir	ed)			
CERTIFICATE HOLDER Weber County 2380 Washington Blvd						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. AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

Ogden, UT 84401