



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/22/2021

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. 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).

|  |  |                                       |
|--|--|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Services Central, Inc.<br>Minneapolis MN Office<br>5600 West 83rd Street<br>8200 Tower, Suite 1100<br>Minneapolis MN 55437 USA | <b>CONTACT NAME:</b><br>_____                  |                                       |
|  | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122    | <b>FAX (A/C. No.):</b> (800) 363-0105 |
| <b>E-MAIL ADDRESS:</b><br>_____  |  |                                       |
| <b>INSURED</b><br>ENVE Composites, LLC<br>508 W Stockman Way<br>Ogden UT 84401 USA   | <b>INSURER(S) AFFORDING COVERAGE</b>           |                                       |
|  | <b>INSURER A:</b> HDI Global Insurance Company |                                       |
|  | <b>INSURER B:</b>                              |                                       |
|  | <b>INSURER C:</b>                              |                                       |
|  | <b>INSURER D:</b>                              |                                       |
|  | <b>INSURER E:</b>                              |                                       |
| <b>INSURER F:</b>  |  |                                       |
|  |  | <b>NAIC #</b><br>41343                |

**COVERAGES**                      **CERTIFICATE NUMBER:** 570087091111                      **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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE   | ADDITIONAL INSURED | SUBROGATED | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|--------------------|------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: _____ | Y                  |            | GLD5716500    | 05/01/2021              | 05/01/2022              | EACH OCCURRENCE \$5,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$5,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$5,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                    |            |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |                    |            |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | N/A        |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>E.L. DISEASE-POLICY LIMIT  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Event: ENVE Gradoo on June 26th, 2021. Locations: Weber County, 444 24th Street, Ogden UT 84401-1473; Box Elder County, 1 South Main St., Brigham City, UT 84302; USDA Uinta-wasatch-Cache National Forest, 857 West South Jordan Parkway, South Jordan UT 84095-8594 USA; North Ogden Corporation, 2705 North 550 East, North Ogden, UT 84414; Cache County, 179 NORTH MAIN, SUITE 305, LOGAN, UTAH 84321; Utah Department of Transportation 4501 S 2700 W, PO Box 148460, Salt Lake City, UT 84114; Ogden City Corporation, 2549 Washington Blvd. Ste. 914, Ogden, UT 84401.  
 Weber County, Box Elder County, Ogden City, USFS Uinta-wasatch-Cache National Forest, North Ogden City, Cache County, Utah department Of Transportation and its elected and appointed officials, employees, volunteers and agents are included as

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Ogden City Corporation<br>2549 Washington Blvd. Ste. 914<br>Ogden UT 84401 USA | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br><br>  |

Holder Identifier :

570087091111

Certificate No :





# ADDITIONAL REMARKS SCHEDULE

|   |           |                                       |  |
|---|-----------|---------------------------------------|--|
| AGENCY<br>Aon Risk Services Central, Inc.           |           | NAMED INSURED<br>ENVE Composites, LLC |  |
| POLICY NUMBER<br>See Certificate Numbe 570087091111 |           |                                       |  |
| CARRIER<br>See Certificate Numbe 570087091111       | NAIC CODE | EFFECTIVE DATE:                       |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Additional Insured in accordance with the policy provisions of the General Liability policy for the above mentioned event.