

DATE (MM/DD/YYYY) 04/28/2021

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.

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| tł | is certificate does not confer rights to | | | cate holder in lieu of such | • • | • | may require | an endorsement. A state | SIIIGIIL (| JII | | |
|---|--|-------------|-------------|----------------------------------|--|--|----------------------------|---|--------------------|-------|--|--|
| PRO | DUCER | | | | CONTACT MATTHEW ARAVE | | | | | | | |
| Hei | ners Insurance Center | | | | PHONE (A/C, No, Ext): (801) 621-2620 FAX (A/C, No): (801) 621-7642 | | | | | | | |
| 606 | WASHINGTON BLVD | | | | E-MALL ADDRESS: matt@heinerins.com | | | | | | | |
| РО | BOX 12638 | | | | INSURER(S) AFFORDING COVERAGE | | | | | | | |
| OG | DEN | | | UT 84412-2638 | INSURE | NAIC # | | | | | | |
| INSU | RED | | | | INSURER A: Scottsdale Insurance Company INSURER B: | | | | | | | |
| | IRON LUNG RIDE | INSURER C : | | | | | | | | | | |
| | 5840 N WILLOWBEND | | | | INSURE | | | | | | | |
| | | | | INSURER E : | | | | | | | | |
| | MOUNTAIN GREEN | | | UT 84050 | INSURER F: | | | | | | | |
| CO | VERAGES CER | TIFIC | ATE | NUMBER: Master Cert 2° | 1 | | | 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 | | | | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PC | | | | | | | UBJECT TO ALL THE TERMS | , | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | | |
| LIIK | COMMERCIAL GENERAL LIABILITY | INSD | WVD | . 02.01 1102211 | | (MINIOD) I I I I | (11111) | EACH OCCURRENCE | | 0,000 | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | _{\$} 500, | 000 | | |
| | OE ANNO NICEE LE STOCK | | | | | | | MED EXP (Any one person) | \$ 5,00 | 0 | | |
| Α | | Υ | | CPS7352066 | | 07/17/2021 | 07/18/2021 | PERSONAL & ADV INJURY | - | 0,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | • | GENERAL AGGREGATE | \$ 3,00 | 0,000 | | |
| | POLICY PRO- JECT LOC | | | | | | • | PRODUCTS - COMP/OP AGG | \$ 3,00 | 0,000 | | |
| | OTHER: | | | | | | ٠ | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | \$ | | | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | | | · · · · | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | | |
| | If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | Þ | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI | S (AC | ORD 1 | 01, Additional Remarks Schedule, | may be at | tached if more sp | ace is required) | | | | | |
| Hur | tsville Town is listed as Additional Insured w | ith re | spect t | to the General Liability. | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | |
| Huntsville Town | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | 7309 E 200 S | | | | AUTHOR | RIZED REPRESEN | | | | | | |
| | Huntsvillie | | | UT 84317 | on a fet war armic. | | | | | | | |



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|--------------|--|----------------------------|----------------------------|--|---|---|--|--|---------|---------|--|
| PRO | DUCER | | | | CONTACT MATTHEW ARAVE | | | | | | |
| Hei | ners Insurance Center | | | | PHONE (A/C, No, Ext): (801) 621-2620 FAX (A/C, No): (801) 621-7642 | | | | | | |
| 606 | WASHINGTON BLVD | | | | E-MAIL matt@heinerins.com | | | | | | |
| РО | BOX 12638 | | | | ADDICE | NAIC# | | | | | |
| OG | DEN | | | UT 84412-2638 | INSURE | Coottodo | le Insurance C | OMPANY | | 10.00.0 | |
| INSU | RED | | INSURE | | | | | | | | |
| | IRON LUNG RIDE | | | | INSURER C : | | | | | | |
| | 5840 N WILLOWBEND | | | | INSURER D : | | | | | | |
| | | | | | INSURER E : | | | | | | |
| | MOUNTAIN GREEN | | | UT 84050 | INSURE | | | | | | |
| | | | | NUMBER: Master Cert 2 | | | | REVISION NUMBER: | | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PC | REME AIN, TH OLICIE: | NT, TE HE INS S. LIM | ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE | CONTRA E POLICI | ACT OR OTHER ES DESCRIBEI ED BY PAID CL | R DOCUMENT V D HEREIN IS SI .AIMS. | WITH RESPECT TO WHICH T | HIS | | |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | φ | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ 500 | | |
| | | \ , | | 0007050000 | | 07/47/0004 | 07/40/0004 | MED EXP (Any one person) | \$ 5,00 | | |
| Α | <u> </u> | Y | | CPS7352066 | | 07/17/2021 | 07/18/2021 | PERSONAL & ADV INJURY | φ . | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | φ . | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | Ψ | 0,000 | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ | | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | I I I I I I I I I I I I I I I I I I I | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | - | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | PER OTH- | \$ | | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | | | STATUTE ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be at | ttached if more sp | pace is required) | | | | |
| Mor | gan County is named additional insured with | n resp | ect to | the General Liability | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | CANC | ELLATION | | | | | | |
| | Morgan County 48 W Young St | | | | 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 | | | | | | |
| | | | | | | | | د الدين د الاند | 0.00 | | |
| | Morgan | | | UT 84050 | on a fetter waterner. | | | | | | |



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| | SUBROGATION IS WAIVED, subject to is certificate does not confer rights to | | | | | | may require | an endorsement. A state | ement | on | | |
|---------|---|----------------------------|------------------|---|--|------------------------------|-----------------------------|--|---------|--------|--|--|
| PRO | DUCER | | | | CONTACT MATTHEW ARAVE | | | | | | | |
| Hei | ners Insurance Center | | | | PHONE (A/C, No, Ext): (801) 621-2620 FAX (A/C, No): (801) 621-7642 | | | | | | | |
| 606 | WASHINGTON BLVD | | | | E-MAIL ADDRESS: matt@heinerins.com | | | | | | | |
| РО | BOX 12638 | | | | INSURER(S) AFFORDING COVERAGE NAIC | | | | | | | |
| OG | DEN | | | UT 84412-2638 | INSURE | Coottodo | le Insurance C | | | | | |
| INSU | RED | | | | INSURE | | | | | | | |
| | IRON LUNG RIDE | | | | INSURER C: | | | | | | | |
| | 5840 N WILLOWBEND | | | | INSURER D : | | | | | | | |
| | | | | | INSURER E : | | | | | | | |
| | MOUNTAIN GREEN | | | UT 84050 | INSURE | | | | | | | |
| CO | VERAGES CER | TIFIC | ATE I | NUMBER: Master Cert 2 | 1 | | | REVISION NUMBER: | | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PC | REME AIN, TH OLICIES | NT, TE HE INS | ERM OR CONDITION OF ANY BURANCE AFFORDED BY THE | CONTRA E POLICI | ACT OR OTHER ES DESCRIBEI | DOCUMENT V DHEREIN IS SI | WITH RESPECT TO WHICH T | HIS | | | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | Ψ | 00,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500 | ,000 | | |
| | | | | | | | MED EXP (Any one person) | \$ 5,00 | | | | |
| Α | | Y | | CPS7352066 | | 07/17/2021 | 07/18/2021 | PERSONAL & ADV INJURY | φ . | 00,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | φ . | 00,000 | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,00 | 00,000 | | |
| | OTHER: | | | | | | | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION \$ | | | | | | | Lasa Lasa | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) United States Government, Ogden Ranger Districted is listed as Additional Insured with respect to the General Liability. | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | | |
| | United States Government, Ogo 507 25th St Suite 103 | len Ra | anger | Districted | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | | | | | AUTHO | RIZED REPRESEN | | | | | | |
| | Ogden | | | UT 84401 | on a got we was come | | | | | | | |



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| | is certificate does not confer rights to | | | | | | may require | an endorsement. A state | ement | on | | | |
|---|---|--|-------|----------------------------------|--|-----------------------|---|--|---------|--------|--|--|--|
| PRO | DUCER | | | | CONTACT MATTHEW ARAVE | | | | | | | | |
| Hei | ners Insurance Center | | | | PHONE (801) 621-2620 FAX (801) 621-7642 | | | | | | | | |
| | WASHINGTON BLVD | | | | E-MAIL matt@hoingring.com | | | | | | | | |
| РО | BOX 12638 | | | | ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC | | | | | | | | |
| OG | DEN | | | UT 84412-2638 | INSURER A : Scottsdale Insurance Company | | | | | | | | |
| INSL | RED | | | | INSURER A. | | | | | | | | |
| IRON LUNG RIDE | | | | | | INSURER B: INSURER C: | | | | | | | |
| | 5840 N WILLOWBEND | | | | INSURE | | | | | | | | |
| | | | | | INSURER E : | | | | | | | | |
| | MOUNTAIN GREEN | | | UT 84050 | INSURE | | | | | | | | |
| CO | VERAGES CEF | TIFIC | ATE | NUMBER: Master Cert 2 | | | | REVISION NUMBER: | | | | | |
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| INSR | TYPE OF INSURANCE | ADDL | SUBR | | REDUC | POLICY EFF | POLICY EXP | LIMIT | · s | | | | |
| LTR | COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCURRENCE | | 0,000 | | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED | Ψ | ,000 | | | |
| | CLAIIVIS-IVIADE CCCOR | | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | \$ 5,00 | | | | |
| Α | | Y | | CPS7352066 | | 07/17/2021 | 07/18/2021 | PERSONAL & ADV INJURY | Ψ | 00,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | _ | 00,000 | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | _ | 00,000 | | | |
| | OTHER: | | | | | | | TROBUCTO COMIT/OF ACC | \$ | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | |
| | | | | | | | | | \$ | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | | |
| | DED RETENTION \$ | | | | | | | Lasa Lasa | \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | | |
| | | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A(| ORD 1 | 01, Additional Remarks Schedule. | may be at | ttached if more sn | pace is required) | | | | | | |
| | h Department of Transportation is named a | - | | | = | - | , | | | | | | |
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| | | | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | | |
| | Utah Department of Transporta 4501 South 2700 West | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | |
| | Box 148420 | | | | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| | Salt Lake City | | | UT 84114 | on a get war armic. | | | | | | | | |
| i e | · · · · · · · · · · · · · · · · · · · | | | | 1 3 1 60 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | | |



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| | SUBROGATION IS WAIVED, subject t is certificate does not confer rights to | | | • | • | • | may require | an endorsement. A state | ement | on | | |
|---|--|---|---|--------------------------------|--|---|----------------------------|---|---------|-------|--|--|
| PRODUCER | | | | | | CONTACT MATTHEW ARAVE | | | | | | |
| Heir | ners Insurance Center | | PHONE (801) 621-2620 FAX (801) 621-7642 | | | | | | | | | |
| | WASHINGTON BLVD | | | | E-MAIL matt@hoingring.com | | | | | | | |
| | BOX 12638 | | | | ADDRESS: Hatterieries.com | | | | | | | |
| OGDEN UT 84412-2638 | | | | | | INSURER(S) AFFORDING COVERAGE INSURED A . Scottsdale Insurance Company | | | | | | |
| INSU | | INSURER A: Scottsdale insurance Company INSURER B: | | | | | | | | | | |
| | IRON LUNG RIDE | | | | INSURER C : | | | | | | | |
| | 5840 N WILLOWBEND | | | | INSURE | | | | | | | |
| | | | | | INSURER E : | | | | | | | |
| | MOUNTAIN GREEN | | | UT 84050 | INSURE | | | | | | | |
| CO | COVERAGES CERTIFICATE NUMBER: Master Cert 21 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. | | | | | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | | |
| | COMMERCIAL GENERAL LIABILITY | 1 | 15 | | | | , | EACH OCCURRENCE | 1.000 | | | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500 | 000 | | |
| | | | | | | | | MED EXP (Any one person) | \$ 5,00 | 0 | | |
| Α | | Υ Υ | | CPS7352066 | | 07/17/2021 | 07/18/2021 | PERSONAL & ADV INJURY | - | 0,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | • | | | | | | GENERAL AGGREGATE | - | 0,000 | | |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | - | 0,000 | | |
| | OTHER: | | | | | | | TROBUCTO - COMIT/OF AGO | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | AUTOS ONLY AUTOS HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION \$ | | | | | | | AGGREGATE | \$ | | | |
| WORKERS COMPENSATION | | | | | | | | PER OTH- | φ | | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | E.L. EACH ACCIDENT | \$ | | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | | \$ | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ | | | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - POLICY LIMIT | Þ | | | |
| | | | | | | | | | | | | |
| DEC | CONTINUE OF OPERATIONS (1.004TIONS (1.777 | F0 (1) | 1000 | M. Additional Decree - Color : | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | - | | | may be a | ttached if more sp | bace is required) | | | | | |
| vvei | per County is listed as Additional Insured w | ıtn res | bect to | the General Liability. | | | | | | | | |
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| | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | | |
| | Weber County 444 24th Street | | | | 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 | | | | | | | |
| | Ogden | | 3-1 0 | Jakor Gora | www. | ٧C. | | | | | | |