

DATE (MM/DD/YYYY) 06/30/2022

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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	is certificate does not confer rights to						may require	an endorsement. A state	ment c	n		
	DUCER				CONTACT NICK GARNER							
Heir	ners Insurance Center				PHONE (A/C, No, Ext): (801) 621-2620 (A/C, No, Ext): (801) 621-7642							
606	WASHINGTON BLVD				E-MAIL ADDRESS: nick@heinerins.com							
РО	BOX 12638				INSURER(S) AFFORDING COVERAGE NAIC #							
OG	DEN			UT 84412-2638	INSURER A: USLI - UNITED STATES LIABILITY INSURANCE GROUP							
INSU	RED				INSURER B:							
	IRON LUNG RIDE				INSURER B :							
	5840 N WILLOWBEND				INSURE							
					INSURE							
	MOUNTAIN GREEN			UT 84050	INSURE							
CO	/ERAGES CER	TIFIC	ATE	NUMBER: CL226301219		IXI .		REVISION NUMBER:				
_	HIS IS TO CERTIFY THAT THE POLICIES OF				ISSUED	TO THE INSU			IOD			
	DICATED. NOTWITHSTANDING ANY REQUI		,									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PC							UBJECT TO ALL THE TERMS	1			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INSR LTR TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY NUMBER						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIO1 NOMBER		(IVIIVI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE	\$ 1,000	0,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$ 500,0			
	CLAIIVIS-IVIADE OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000			
Α				SE 1034806		07/16/2022	07/18/2022	PERSONAL & ADV INJURY	Ψ	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								φ .	0,000		
	PRO-							PRODUCTS - COMP/OP AGG	\$ Inclu	-		
								PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							FACILOCCUPDENCE				
	H SYSTEM H OCCUR							EACH OCCURRENCE	\$			
CLAIIVIS-IVIADE								AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								STATUTE ER E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIWIT	<u> </u>			
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)					
Hun	tsville Town is named as addtional insured v	vith re	spect	to the General Liability.	•							
			•	,								
CFF	RTIFICATE HOLDER	CANCELLATION										
<u> </u>	THIOATE HOLDER				OAITO	LLLAHON						
								SCRIBED POLICIES BE CAN) BEFORE		
								F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN			
	Huntsville Town				700	CHURANOL WII	i OLIO					
	7381 E 200 S				AUTHO	RIZED REPRESEN	NTATIVE					
							. (1				
	Huntsville	UT 84317			1.	Shown Lines						



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เมเจ	certificate does not comer rights to	tile c	ei tiii	cate noider in hed or such		. ,						
PRODU	CER				CONTACT NICK GARNER NAME:							
Heiner	s Insurance Center				PHONE (A/C, No, Ext): (801) 621-2620 FAX (A/C, No): (801) 621-7642							
606 W	ASHINGTON BLVD				E-MAIL nick@heinerins.com							
PO BO	OX 12638				ADDRE	NAIC#						
OGDE	N			UT 84412-2638	INSURE							
INSURE	D				INSURER A: USLI - UNITED STATES LIABILITY INSURANCE GROUP INSURER B:							
	IRON LUNG RIDE				INSURE							
	5840 N WILLOWBEND				INSURER D :							
					INSURER E :							
	MOUNTAIN GREEN			UT 84050	INSURE							
COVE	RAGES CER	TIFIC	ATE	NUMBER: CL226301219				REVISION NUMBER:				
THIS	IS TO CERTIFY THAT THE POLICIES OF I	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE POLICY PER	IOD			
	CATED. NOTWITHSTANDING ANY REQUI		,									
	TIFICATE MAY BE ISSUED OR MAY PERTA LUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS	,			
INSR	TYPE OF INSURANCE	ADDL	SUBR		TREBUG	POLICY EFF	POLICY EXP	LIMIT				
LTR	✓ COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000		
 								DAMAGE TO RENTED	\$ 500,			
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 5,00			
A				SE 1034806		07/16/2022	07/18/2022	MED EXP (Any one person)	Ψ	0,000		
-	EN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	a ,	0,000		
	PRO-								s Inclu			
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
Α	OTHER: UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
<u> </u>	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
_	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUP											
-	- FYCESCHAR							EACH OCCURRENCE	\$			
<u> </u>	CLAIMS-IMADE							AGGREGATE	\$			
w	DED RETENTION \$ ORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
AI	ND EMPLOYERS' LIABILITY Y/N											
0	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
İf	landatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
DI	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 1	01 Additional Pemarks Schedule	may he a	ttached if more sr	nace is required)					
	n County is named as addtional insured w				illay be a	ttached il more si	ace is required)					
Iviorga	n obunty is numed as additional insured v	viai ic	эрсог	to the General Elability.								
CERT	IFICATE HOLDER				CANC	ELLATION						
					SHU	III D ANV OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLET	REFORE		
								F, NOTICE WILL BE DELIVER		, BLI OKL		
	Morgan County				ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.				
	48 W Young Street											
					AUTHO	RIZED REPRESEN	NIATIVE) .				
Morgan UT 84050							4:	Shown Sine				



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PRO	DUCER				CONTACT NICK GARNER							
Hei	ners Insurance Center				PHONE (801) 621-2620 FAX (801) 621-7642							
606	WASHINGTON BLVD				(A/C, No, Ext): (601) 621-2620 (A/C, No): (601) 621-7642 E-MAIL nick@heinerins.com							
РО	BOX 12638				INSURER(S) AFFORDING COVERAGE NAIC							
OG	DEN			UT 84412-2638	INSURER A: USLI - UNITED STATES LIABILITY INSURANCE GROUP							
INSU	RED				INSURER B:							
	IRON LUNG RIDE				INSURE							
	5840 N WILLOWBEND				INSURE							
					INSURE							
	MOUNTAIN GREEN			UT 84050	INSURE							
CO	/ERAGES CER	RTIFIC	ATE	NUMBER: CL226301219				REVISION NUMBER:				
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH P	IREME AIN, T	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	R DOCUMENT V D HEREIN IS S	WITH RESPECT TO WHICH T	HIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR		INLEGO	POLICY EFF	POLICY EXP	LIMIT	·e			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000		
								DAMAGE TO RENTED	F00			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 5,00			
Α				SE 1034806		07/16/2022	07/18/2022	MED EXP (Any one person)	Ψ	0,000		
	OFAIL ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY	Φ ′	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s Inclu			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) 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 \$							HOOKEOME	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	_			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ed State Government, Ogden Ranger Dist	-			=	-						
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	United States Government, Og 507 25th Street	den Ra	anger	District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Suite 103				AUTHO	RIZED REPRESEN	TIALIVE),,,				
	Ogden			UT 84401	1. Whown Lines							



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606	WASHINGTON BLVD				E-MAIL anck@heinerins.com							
РО	3OX 12638				INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #	
OGI	DEN			UT 84412-2638	INSURER A: USLI - UNITED STATES LIABILITY INSURANCE GROUP						MAIO#	
INSU	RED				INSURE							
	IRON LUNG RIDE											
	5840 N WILLOWBEND				INSURER C:							
	3040 IN WILLOWDEIND				INSURE							
	MOUNTAIN ODEEN			LIT 04050	INSURE	RE:						
	MOUNTAIN GREEN			UT 84050	INSURE	RF:						
_				NUMBER: CL226301219		TO THE INCH		REVISION NUM		100		
	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI											
	RTIFICATE MAY BE ISSUED OR MAY PERT		,									
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC							
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 OCCURRENC	CE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	_{\$} 500,	000	
							İ	MED EXP (Any one p	, and the second	\$ 5,00	0	
Α				SE 1034806		07/16/2022	07/18/2022	PERSONAL & ADV I		\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		•	0,000	
	PRO- JECT LOC							PRODUCTS - COMP		ψ Inclu		
								PRODUCTS - COMP	-/OF AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	r nerson)	\$		
	OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		-		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE		\$		
	DED RETENTION \$							I DED.	LOTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Utał	Department of Transportation is named as	addti	onal ir	nsured with respect to the Ge	neral Lia	ability.						
	TIEICATE HOLDER				CANO	ELLATION						
CER	TIFICATE HOLDER				CANC	ELLATION						
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIE	S BE CAN	CELLED) BEFORE	
					THE	EXPIRATION D	ATE THEREOF	, NOTICE WILL BI			-	
	Utah Department of Transportat	ion			ACC	ORDANCE WIT	TH THE POLICY	PROVISIONS.				
	4501 S 2700 W											
	PO Box 148420				AUTHO	RIZED REPRESEN	NTATIVE	`				
	Salt Lake City			1	11.							



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РО	BOX 12638				INSURER(S) AFFORDING COVERAGE NAIC #							
OGI	DEN			UT 84412-2638	INCLIDE	11011 11			JRANCE G	ROUP	IVAIO #	
INSU					INSURER A: USLI - UNITED STATES LIABILITY INSURANCE GROUP							
	IRON LUNG RIDE		INSURE									
	5840 N WILLOWBEND				INSURER C:							
	3040 IN WILLOWBEIND				INSURE							
	MOLINITAIN ODEEN			LIT 04050	INSURE	RE:						
	MOUNTAIN GREEN			UT 84050	INSURE	RF:						
_				NUMBER: CL226301219		TO THE INCH		REVISION NUM		100		
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	ERTIFICATE MAY BE ISSUED OR MAY PERT		,									
	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC							
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	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED ırrence)	_{\$} 500,	000	
								MED EXP (Any one p	person)	\$ 5,00	0	
Α				SE 1034806		07/16/2022	07/18/2022	PERSONAL & ADV II		\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		•	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP		Inclu	ıded	
	OTHER:							TRODUCTO - COMI	701 A00	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR									-		
	EXCESS LIAB							EACH OCCURRENC	CE	\$		
	CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ĔŔ			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)					
Web	er County is named as addtional insured w	ith res	pect t	o the General Liability.								
CEF	CERTIFICATE HOLDER CANCELLATION											
								SCRIBED POLICIE) BEFORE	
	W.L. 0							F, NOTICE WILL BE PROVISIONS.	E DELIVER	ED IN		
	Weber County				^~~	J. IDANIOL WII	7 0210					
	2380 Washington Blvd				AUTHORIZED REPRESENTATIVE							
							() 17				
1	Ogden UT 84401					1 1 2 2						