

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2022

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.											
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).											
PRODUCER Mariah Russard						CONTACT Mariah Bussard PHONE (502) 256 1449					
Mariah Bussard Chamberlain Insurance Agency LLC						(A/C, No, Ext): (303) 230-1440 (A/C, No): (303) 230-3023					
7831 SE Stark St #102						ADDRESS: MIOIAFO@Chamberiaininsurance.com					
Portland, OR 97215					INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: United States Liab Ins Co 250					
INSURED					INSURER B : OHIO SECURITY INS CO 2408					24082	
IN A LANDSCAPE					INSURER C : LM INS COTP 33600					33600	
5331 S Macadam Ave, Ste 258-1007 PORTLAND, OR 97239					INSURER D :						
FORTLAND, OR 97239					INSURER E :						
		INSURER F :									
CO	VERAGES CER	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	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			NPP1604959		08/09/21	08/09/22	DAMAGE TO DENITED		00,000	
	X CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	₅ 100	,000	
								MED EXP (Any one person)	\$ 5,00	00	
								PERSONAL & ADV INJURY	s 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							\$	\$		
В	AUTOMOBILE LIABILITY			BAS61736099		12/10/21	12/10/22	COMBINED SINGLE LIMIT (Ea accident)	^{/IT} \$ 1,000,000		
	X ANY AUTO			B/ (001/ 00000		12/10/21	12/10/22				
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	1		
	EXCESS LIAB CLAIMS-MADE								\$ \$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION			MOE200727727040		02/05/22	02/05/22	PER X OTH- STATUTE X ER	Þ		
C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				WC539S737737010		03/05/22	03/05/23		500	.000	
	OFFICER/MEMBER EXCLUDED?	N / A									
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500	.000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is requir	ed)			
RE: 2 concerts on 8/6/22 at Huntsville Monastery											
Continues balders are additional incomeda if war jurd by unities contrast.											
Certicate holders are additional insureds if required by written contract.											
CERTIFICATE HOLDER CANCELLATION											
Ogden Valley Land Trust P.O. Box 412, Huntsville, UT 84317					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Huntsville Monastery											
1250 S 9500th E, Huntsville, UT 84317						AUTHORIZED REPRESENTATIVE					

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