



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2023

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).

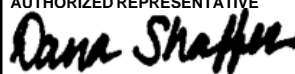
<b>PRODUCER</b> Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186  License#: 0H18131 EMERAEEXPOS	<b>CONTACT NAME:</b> Tania Barnfield <b>PHONE (A/C, No, Ext):</b> 800-321-4696 <b>FAX (A/C, No):</b> 858-452-7530 <b>E-MAIL ADDRESS:</b> Tania.Barnfield@marshmma.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B: HDI Global Specialty SE</td> <td>55555</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: HDI Global Specialty SE	55555	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Emerald X, LLC 31910 Del Obispo Street Suite 200 San Juan Capistrano CA 92675														

**COVERAGES** **CERTIFICATE NUMBER:** 1052761968 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			UST026734230	3/14/2023	3/14/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HDEX003700323	3/14/2023	3/14/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			UST026734230	3/14/2023	3/14/2024	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Event Dates 6/16/23-6/18/23, Outdoor Adventure X, Snowbasin Resort.  
 Weber County is included as Additional Insured under General Liability per attached endorsement.

<b>CERTIFICATE HOLDER</b>  Weber County Community Development Attn: Special Events 2380 Washington Blvd., Ste 250 2380 Washington Blvd., St UT 84401	<b>CANCELLATION</b>  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 
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## Blanket Additional Insured Endorsement – ENTGL 019 01 19

Policy Amendment – Commercial General Liability

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name of Additional insured Person(s) or Organization(s)
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.1; font-size: 4em; pointer-events: none;">           SCHEDULE FORM         </div>

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations)

#### I. Who Is An Insured

It is agreed that **Section II – Who Is An Insured** is amended to include the following:

The Certificate of Insurance holder and/or any other person or organization when you have agreed in writing in a contract or agreement that such Certification of Insurance holder or such person(s) or organizations(s) be added as an additional insured. However:

- A. Such person(s) or organization(s) is an insured only with respect to liability for **bodily injury, property damage or personal and advertising injury** caused, in whole or in part, by:
  1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.
- B. A person's or organization's status as an additional insured under this endorsement ends when your operations under the contract or agreement with such additional insured are completed.

This insurance does not apply to any **occurrence** that takes place after all work on the project stated in the contract or agreement has been completed.

However:

1. The insurance afforded to person(s) or organization(s) that qualify as additional insureds under this endorsement only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

#### II. Limits of Insurance

For the purposes of coverage provided by this endorsement, **Section III – Limits of Insurance** is amended to the extent necessary to include the following:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of such additional insured is the amount of insurance:

A. required by the contract or agreement; or

B. available under the applicable limits of insurance shown in the Declarations;

whichever is less.

Any payments we make under this endorsement will be part of and not in addition to the applicable Limits of Insurance shown in the Declarations.

III. All other terms and conditions of the policy remain unchanged.

SPECIMEN FORM