

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/31/2023

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 line of current (a)

	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to				y, certain policies may require an endorsement. A statement on ndorsement(s).						
PRODUCER						CONTACT Kayla Castrup					
Brown & Brown of Colorado, Inc.					FAV				(720) 9	962-5142	
1125 17th Street, Suite 1450						E-MAIL Kayla.Castrup@bbrown.com					
						INSURER(S) AFFORDING COVERAGE					
Denver CO 80202						INSURER A: GuideOne National Insurance Company				14167	
INSURED						INSURER B: Owners Insurance Company				32700	
Restoration Logistics, Inc.					INSURER C: Pinnacol Assurance, Inc.					41190	
5360 Washington St, Unit D					INSURE	RD:					
					INSURER E :						
Denver				CO 80216	INSURER F:						
CO	VERAGES CER	TIFICATE NUMBER: 23/24 Master			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)	LIMIT	s	3	
А	COMMERCIAL GENERAL LIABILITY					09/01/2023		EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000		
	CLAIMS-MADE OCCUR	Y	Y				09/01/2024	PREMISES (Ea occurrence)	F 000		
				ENV562006524-00				MED EXP (Any one person)	4.000.000		
	GEN'LAGGREGATE LIMIT APPLIES PER:		ľ	21110020002100	`	03/01/2023	03/01/2024	PERSONAL & ADV INJURY	2 000 000		
								GENERAL AGGREGATE	2,000,000		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
В	OTHER: AUTOMOBILE LIABILITY		+-					COMBINED SINGLE LIMIT	\$ 1,000,000		
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED	Y	Y	54-716288-00		09/01/2023	09/01/2024	BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY					(Per accident)		\$			
Α	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,000,000		
	EXCESS LIAB CLAIMS-MADE			ENV562011872-00	09/01/2023	09/01/2023	09/01/2024	AGGREGATE	\$ 2,000,000		
	DED RETENTION \$ 0						AGGREGATE	s			
	WORKERS COMPENSATION							➤ PER OTH-ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	0407000	04/01/2023	04/01/2023	04/01/2024	E.L. EACH ACCIDENT	_{\$} 1,00	0,000	
С	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			2137022				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Divisions Inc. dba Divisions Maintenance Group along with any other persons or entities required by written contract between the named insured and the certificate holder are named as Additional Insured on the General Liability for ongoing an completed operations and the auto liability. The General Liability, Auto Liability, and Workers Compensation include a 30-day notice of cancellaiton. A Waiver of Subrogation applies. All policy terms and conditions apply.											
CEI	RTIFICATE HOLDER		CANC	CANCELLATION							
						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					
Newport KY 41071					Kayla Casteup						