

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 liqu of such endorsement(s)

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PRO	DUCER				CONTACT Kayla Castrup						
Bro	wn & Brown of Colorado, Inc.				PHONE (303) 980-6265 FAX (A/C, No, Ext): (720) 962-5142						
1125 17th Street, Suite 1450						E-MAL ADDRESS: Kayla.Castrup@bbrown.com					
										NAIC#	
Der	nver			CO 80202	INSURER A: GuideOne National Insurance Company					14167	
INSURED						INSURER B: Owners Insurance Company					
Restoration Logistics, Inc.					INSURER C: Pinnacol Assurance, Inc.					41190	
	5360 Washington St, Unit D				INSURER D:						
					INSURER E :						
Denver				CO 80216	INSURER F:						
CO	VERAGES CER	TIFIC	ATE I	NUMBER: 23/24 Master							
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Y) LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	MACE TO DENTED		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$ 100		,000		
								MED EXP (Any one person)			
Α	GEN'L AGGREGATE LIMIT APPLIES PER:		ENV562011443-01			09/01/2023	09/01/2024	FERSONAL & ADV INJURT		00,000	
								GLINERAL AGGREGATE 5		0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,000		00,000	
	OTHER: AUTOMOBILE LIABILITY	 						COMBINED SINGLE LIMIT \$ 1,00		10,000	
В	ANY AUTO		54-716288-00		09/01/2023		(Ea accident) BODILY INJURY (Per person)				
	OWNED SCHEDULED					09/01/2023	09/01/2024	BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED			04 7 10200 00				PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	CH OCCURRENCE \$ 2,00		
Α			ENV562011872-01			09/01/2023	09/01/2024			00,000	
	DED RETENTION \$ 0								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				04/01/2023	04/01/2024	➤ PER OTH-ER			
С			2137022	2137022				E.L. EACH ACCIDENT	\$ 1,00	00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				0 1/0 1/2020		E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	-	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)				
All [policy terms, conditions and exclusions apply	/.									
CEI	RTIFICATE HOLDER			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					



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					INSURER(S) AFFORDING COVERAGE NAIC #						
Den	nver			CO 80202	INSURER A: GuideOne National Insurance Company					14167	
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Restoration Logistics, Inc.					INSURER C: Pinnacol Assurance, Inc.					41190	
	5360 Washington St, Unit D					INSURER D:					
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Denver				CO 80216	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 23/24 Mass						REVISION NUMBER:					
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ITS		
	COMMERCIAL GENERAL LIABILITY						09/01/2024	EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	\$ 5,00	0	
Α				ENV562011443-01		09/01/2023		PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	REGATE \$ 2,00		
	POLICY PRO- LOC							FRODUCTS - COWF/OF AGG \$.		0,000	
	OTHER:			<u></u>				COMPINED CINICLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)			
В	AUTOS ONLY HIRED AUTOS ONLY NON-OWNED		54-716288-00		09/01/2023	09/01/2023	09/01/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
				 					\$	0.000	
	UMBRELLA LIAB OCCUR			ENV562011872-01		09/01/2023	09/01/2024	2.00		0,000	
Α	EXCESS LIAB CLAIMS-MADE							AGGREGATE	φ	0,000	
	DED RETENTION \$ 0	N/A	2137022					PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								\$ 1,00	0.000	
С					04/01/2023	04/01/2024	10		0,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,00 \$ 1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ /	-,	
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CERTIFICATE HOLDER						CANCELLATION					
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						AUTHORIZED REPRESENTATIVE					
					Kaula Cantoura						