

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/13/2000

PRODUCER (208) 743-9476

F (208) 746-6871

Sattler Insurance Agency

P O Box 373

1012 Main

Lewiston, ID 83501

Attn: Fran Murphy

Ext 104

INSURED

Rocky Mountain Adventures, Inc

P. O. Box 1989

Fort Collins, CO 80522

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Frontier Insurance Co

A

COMPANY B Gulf Insurance Company

B

COMPANY C

C

COMPANY D

D

COVERAGES

THIS IS TO CLARIFY 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
X	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
	CLAIMS MADE X OCCUR				PRODUCTS COMP/OP AGG \$ 1,000,000
A	OWNERS & CONTRACTORS PROT	P20000540401	02/26/2000	07/26/2001	PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT \$ 500,000
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
X	SCHEDULED AUTOS	BA0480413	05/14/1999	05/14/2000	BODILY INJURY (Per accident) \$
B	UNREGD AUTOS				PROPERTY DAMAGE \$
	NON OWNED AUTOS				
	GARAGE LIABILITY				
	ANY AUTO				AUTO ONLY EA ACCIDENT \$
					OTHER THAN AUTO ONLY
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	THE PROPRIETOR/ PARTNERS/EXECUTIVE (OFFICERS ARE	INCL EXCL			PER STATUTORY LIMITS
	OTHER				OTH FR
					FL EACH ACCIDENT \$
					EL DISCAP POLICY LIMIT \$
					EL DISCAP FA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

outfitter and guide Master FS 99 40

US Government, US Forest Service, Department of Agriculture and Bureau of Land Management as additional insured

CERTIFICATE HOLDER

City of Fort Collins
as additional insured

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

James R. Sattler

ACORD 25-S (1/98)

©ACORD CORPORATION 1998

PRODUCER
Pinnacle Assurance
720 S Colorado Blvd
Suite 100 North Tower
DENVER CO 80246-1938

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY
A Pinnacle Assurance

INSURED
ROCKY MOUNTAIN ADVENTURES INC
1117 NORTH HWY 287
FORT COLLINS CO 80524

COMPANY
B
COMPANY
C
COMPANY
D

COVERAGES

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 AND 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(mm/dd/yyyy)	POLICY EXPIRATION DATE(mm/dd/yyyy)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT				<input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCT COMP OP AGG <input type="checkbox"/> PERSONAL & ADV INJURY <input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> FIRE DAMAGE (Any one file) <input type="checkbox"/> MED EXP (Any one person)	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRER AUTOS <input type="checkbox"/> NON OWNED AUTOS				<input type="checkbox"/> COMBINED SINGLE LIMIT <input type="checkbox"/> BODILY INJURY (per person) <input type="checkbox"/> BODILY INJURY (per accident) <input type="checkbox"/> PROPERTY DAMAGE	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<input type="checkbox"/> AUTO ONLY EA ACCIDENT <input type="checkbox"/> OTHER THAN AUTO ONLY <input type="checkbox"/> EACH ACCIDENT <input type="checkbox"/> AGGREGATE	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS <input type="checkbox"/> EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	3095751	04/01/1999	04/01/2000	<input checked="" type="checkbox"/> WC STATL <input type="checkbox"/> OTHER <input type="checkbox"/> TORY LIMITS EL EACH ACCIDENT \$100 000 EL DISEASE POLICY LIMIT \$500 000 EL DISEASE EA EMPLOYEE \$100 000	
	OTHER					

DESCRIPTION OF OPERATIONS LOCATIONS/VEHICLES/SPECIAL ITEMS

SEE BACK OF CERTIFICATE FOR CLASS COVERAGE AND OWNERSHIP COVERAGE DETAIL

CERTIFICATE HOLDER

474388
CITY OF FT COLLINS
PURCHASING DEPT
256 W MOUNTAIN AVE
P O BOX 580
FT COLLINS CO 80522 0580

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Gary J Pon President