

FROM EUANE INTERIOR DESIGN

FAX NO. 19704901544

Dec 19 2007 1:05PM P3

Dec 19 2007 9:52AM Country Insurance

No 3906 0 1

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE 12/19/2007
PRODUCER YASAMIN M BARGHELANE (18492) 1076 W HORSETOOTH RD STE 200 FORT COLLINS, CO 80526-0000 970-221-3255 FAX 970-221-1372		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.
INSURERS AFFORDING COVERAGE		
INSURER A: COUNTRY Mutual Insurance Company		NAIC #
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGE

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> SUBROGATION <input type="checkbox"/> POLICY <input type="checkbox"/> LOC	AM8702522	2/1/2007	2/1/2008	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Per person covered) \$5,000 PERSONAL & ADJ LIABILITY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS COMPLETION \$2,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACC OTHER THAN AUTO ONLY ACC
<input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/ANY/INDEMNITY OR COMPENSATION EXCLUDED? <input type="checkbox"/> No If yes, describe with SPECIAL PROVISIONS below <input type="checkbox"/> Yes				<input type="checkbox"/> POLICY <input type="checkbox"/> OR EL EACH ACCIDENT EL DISEASE - CA EMPLOYER EL EMPLOYEE - POLICY LIMIT
OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
CITY OF FORT COLLINS 417 W MAGNOLIA FORT COLLINS CO 80521	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDORSE TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Douglas M B...</i>

This unofficial copy was downloaded on Nov-26-2020 from the City of Fort Collins Public Records Website: <http://citydocs.fcgov.com>
 For additional information or an official copy, please contact Purchasing Department P.O. Box 580 Fort Collins, CO 80522-0580 USA

FROM : EUANS INTERIOR DESIGN

FAX NO .9704901544

Dec. 19 2007 11 04AM P2

Dec. 19 2007 9:43AM

Nationwide Insurance

No 1349 P 3

CERTIFICATE OF INSURANCE

The Insurance Company indicated below certifies that the Insurance afforded by the policy numbered and described below is in force as the effective date of this certificate. This Certificate of Insurance does not amend, extend or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address
City of Ft. Collins

Insured's Name and Address:
Karl Rodemeyer
DBA: Rodemeyer Wallpapering
8108 W Highway 34
Loveland, CO 80537

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (Limits in Incidents)
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> Premises Operations <input checked="" type="checkbox"/> Products Completed Operations <input checked="" type="checkbox"/> Personal & Advertising Injury <input checked="" type="checkbox"/> Medical Expense <input type="checkbox"/> Fire Damage Legal <input type="checkbox"/> Other Liability <input type="checkbox"/> Garage Liability - Premises	ACP2805085783 NATIONWIDE INSURANCE COMPANY	10/22/07	10/22/08	General Aggregate* \$ 2,000,000 Pr Comp OP Agg* \$ 2,000,000 Each Occurrence \$ 1,000,000 Any One Person/Org \$ 1,000,000 Any One Person \$ 5,000 Any One Fire \$ Each Accident Aggregate*
<input type="checkbox"/> AUTOMOBILE LIABILITY # <input type="checkbox"/> Business Auto <input type="checkbox"/> Garage Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned # PIS in other Combined Single Limits or Split Limits	NATIONWIDE INSURANCE COMPANY			Bodily Injury (Each Person) \$ (Each Accident) \$ Property Damage (Each Accident) \$ Combined Single Limit \$
<input type="checkbox"/> EXCESS LIABILITY Umbrella Form	NATIONWIDE INSURANCE COMPANY			Each Occurrence \$ Aggregate* \$
<input type="checkbox"/> Workers Compensation and <input type="checkbox"/> Employers Liability	NATIONWIDE INSURANCE COMPANY			Statutory Limits Bodily Injury by Accident \$ Each Accident Bodily Injury by Disease \$ Each Employee Bodily Injury by Disease \$ Policy Limit

Insurance in force only for hazards indicated by X

Description of Operation/Locations/Vehicles/Restrictions/Special Item

Paperhanging

Date Certificate Issued: 11/19/07

Authorized Representative Countersigned at

Tom Rath

T m Rath
4532 McMurry Avenue, Ste 150
Fort Collins, CO 80525

Cas. 3640-A (8-88)



REFERENCE LIST

December, 2007

<u>NAME</u>	<u>TELEPHONE NUMBER</u>
Allen D Curtis, Architect	407-7290
Ellen Zibell, Owner Sense of Place/Perennial Gardener	472-2640
Myra Monfort	472-5145
Rick Callan, Realtor	218-2180
Deborah Roess	Office 491-7326 Home 229-9872
Kathy & John Nicol	Office 206-1030 Home 206-1116

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