

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
08/22/2011

PRODUCER (970) 377-0638 Squires Insurance Solutions LLC 4025 Automation Way Bldg B, Suite 4 Fort Collins CO 80525-	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.												
INSURED Dean Archambo, dba Camelot Cleaners 2649 E Mulberry St, Ste 11A Fort Collins CO 80524-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 30%;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Casualty Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: Sentinel Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C: Pinnacol Assurance</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Casualty Ins Co		INSURER B: Sentinel Insurance Co		INSURER C: Pinnacol Assurance		INSURER D:		INSURER E:	
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COVERAGES

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.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	34 SBA IS9881	08/29/2011	08/29/2012	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000 EPLI 5,000
B	X	AUTOMOBILE LIABILITY	34 DEC JJ784	08/29/2011	08/29/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				<input type="checkbox"/> ANY AUTO
A	X	EXCESS/UMBRELLA LIABILITY	34 SBA IS9881	08/29/2011	08/29/2012	EACH OCCURRENCE \$ AGGREGATE \$ UMBEL \$ 2,000,000 \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4142182	08/29/2011	09/01/2012	<input checked="" type="checkbox"/> WC STATU TORY LIMITS <input type="checkbox"/> OTH ER E.L EACH ACCIDENT \$ 100,000 E.L DISEASE EA EMPLOYEE \$ 100,000 E.L DISEASE POLICY LIMIT \$ 500,000
A		OTHER BOPPR	34 SBA IS9881	08/29/2011	08/29/2012	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Contract #7037 - Dry Cleaning Services.
 Certificate Holder is listed as Additional Insured on the policy as per policy forms and conditions.

CERTIFICATE HOLDER (970) 221-6775 (970) 221-6707 Purchasing Department City of Fort Collins PO Box 580 Fort Collins CO 80527-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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>Debra Squires, etc</i>
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This unofficial copy was downloaded on Nov-29-2020 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

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.