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DATE (MM/DD/YYYY)	
2/0/2022	

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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 lieu of such endorsement(s).										
PF	PRODUCER License # 0757776										
HU	JB I	International Insurance Services (CC	DL)			PHONE (A/C, No, Ext): (970) 541-6022 FAX (A/C, No): (866) 243-0727					
2000 S. Colorado Blvd Tower 2, Suite 150						E-MAIL ADDRESS: heidi.mink@hubinternational.com					
De	enve	er, CO 80222				INSURER(S) AFFORDING COVERAGE NAIC #					
					INSUR	INSURER A : Nationwide Mutual Insurance Company 23787					
IN	SUR	ED			INSUR	ER B : Pinnaco	ol Assuranc	ce Company		41190	
		Fort Collins Heating & Air Co	ondit	ionir	ng, Inc. INSUR	ER C :					
		208 Commerce Drive			INSUR	INSURER D :					
		Fort Collins, CO 80524			INSUR	INSURER E :					
					INSUR	ER F :					
					E NUMBER:			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.										
INS LT	SR R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
4		X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			ACP3100325692	3/5/2022	3/5/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		X POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:						COMBINED SINGLE LIMIT	\$	4 000 000	
4	Η							(Ea accident)	\$	1,000,000	
	-	X ANY AUTO			ACP3100325692	3/5/2022	3/5/2023	BODILY INJURY (Per person)	\$		
	-	OWNED AUTOS ONLY HIRED						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	-	HIRED AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
		X UMBRELLA LIAB X OCCUR							\$	1,000,000	
ľ	-  -	EXCESS LIAB CLAIMS-MADE			ACP3100325692	3/5/2022	3/5/2023		\$ \$	1,000,000	
	┢	DED RETENTION \$						AGGREGATE	\$		
E	3 V	VORKERS COMPENSATION						X PER OTH- STATUTE ER	ψ		
		AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			4221140	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. DISEASE - EA EMPLOYEI		1,000,000	
								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) This section intentionally left blank.										
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CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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
	The

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