

**CWARD** 



DATE (MM/DD/YYYY)

2/7/2019

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsemen	t. As	statement on	
PRODUCER The Hartwell Corporation PO Box 51019 Idaho Falls, ID 83405						CONTACT Charissa Ward					
						PHONE (A/C, No, Ext): (208) 522-5656 FAX (A/C, No): (208) 524-5721					
						E-MAIL and and a characteristic charists a @thehartwellcorp.com					
	,				INSURER(S) AFFORDING COVERAGE NAIC #						
					INSLIDE		` '	nnity Ins Co		18058	
INSURED						RB:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		13333	
Buckhorn Ranch Association Inc PO Box 3501 Crested Butte, CO 81224  COVERAGES CERTIFICATE NUMBER:						INSURER C:					
						INSURER D :					
						INSURER E :					
						INSURER F:					
						REVISION NUMBER:					
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLIC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR LTR	INSR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY		SUBR WVD			<u> </u>	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK1780442		4/10/2018	4/10/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							TROBUSTO COMITTO TROC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CIVET								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Directors & Officers			PHSD1336937		4/10/2018	4/10/2019	Aggregate		2,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requii	red)			
<u></u>	DTIEICATE HOLDED				CANO	CILATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
Information 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.					
						RIZED REPRESE	NTATIVE Ware	(			