

MCOMBS



ACORD®

DATE (MM/DD/YYYY) 11/19/2024

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).

th	is certificate does not confer rights t							require an ene	ioi scilicii	A 3	tatement on	
PRO	DUCER				CONTAC NAME:	CT						
The Hartwell Corporation						PHONE (A/C, No, Ext): (208) 522-5656 FAX (A/C, No): (208) 454-1114						
PO Box 51019 Idaho Falls, ID 83405					E-MAIL ADDRESS: thc@thehartwellcorp.com							
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : Ohio Security Ins Co					24082	
INSURED						R в : Federal					20281	
Buckhorn Water Service Company, LLC						INSURER C:						
PO Box 3501 Crested Butte, CO 81224					INSURER D:							
					INSURER E :							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICI				LIAVE D	EEN ISSUED 3					LICY DEDIOD	
IN C	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		s		
Α	A X COMMERCIAL GENERAL LIABILITY									\$	1,000,000	
	CLAIMS-MADE X OCCUR BKS59108154				9/5/2024	9/5/2025	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	300,000		
							MED EXP (Any one person)		\$	15,000		
								PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	No roo oner									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$	1								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ť		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA		•		
										\$		
В	Directors & Officers			J06414643		12/11/2024	12/11/2025	Aggregate		Ψ	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	│ D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER		CANC	CANCELLATION								
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.						
						AUTHORIZED REPRESENTATIVE						