

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

JRIVERA

DATE (MM/DD/YYYY) 4/22/2022

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).

	nis certificate does not confer rights to				ıch enc	dorsement(s)		require an end	iorsemen	t. AS	tatement on	
PRODUCER The Hartwell Corporation						CONTACT Julia Rivera PHONE (200) 500 500 500 500 500 500 500 500 500						
The Hartwell Corporation PO Box 51019 Idaho Falls, ID 83405					(A/C, No, Ext): (208) 522-5656 (A/C, No): (208) 524-5721							
					ADDRE	E-MAIL ADDRESS: julia@thehartwellcorp.com						
								RDING COVERAGE			NAIC#	
						INSURER A : Philadelphia Indemnity Ins Co					18058	
INSURED						INSURER B: Travelers Casualty and Surety 3119						
	Buckhorn Ranch Associatio	n Ind			INSURER C:							
PO Box 3501 Crested Butte, CO 81224						INSURER D:						
	,		INSURER E:									
					INSURER F:							
				E NUMBER:			TO THE INION	REVISION NU				
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R											
	ERTIFICATE MAY BE ISSUED OR MAY								UBJECT T	O ALL	THE TERMS,	
INSR		POLICIES. LIMITS SHOWN MAY HAVE ADDL SUBR POLICY NUMBER			POLICY EFF POLICY EXP							
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000	
^	CLAIMS-MADE X OCCUR			DUDK2363640		4/10/2022	4/10/2023	DAMAGE TO REN	ICE FED	\$	100,000	
	GEAINIO-NIADE X GOOGIN			PHPK2382849		4/10/2022	4/10/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			5,000	
								MED EXP (Any one	•	\$	1,000,000	
								PERSONAL & ADV INJURY \$		·	2,000,000	
	POLICY PROJECT LOC							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		-	2,000,000	
								PRODUCTS - COM	IP/OP AGG	\$,,,,,,,,	
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	ANY AUTO							(Ea accident)		-		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	•	\$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (F PROPERTY DAMA (Per accident)	GE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	ICE	\$		
	DED RETENTION \$							AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Φ		
								E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		-		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
В	Directors & Officers			107075849		4/10/2022	4/10/2023	Aggregate	LICT LIMIT	Ψ	2,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
		•			,			•				
CF	RTIFICATE HOLDER				CANO	CELLATION						
					5/1110							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	Information Only					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	-				/							
					AUTHO	RIZED REPRESE	NTATIVE					
					1 7							