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DATE	(MM/DD/YYYY)
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C B	ERTI ELO	FICATE W. THI	DOE S CE	S N	IOT FICA	AFFIRMAT	IVEL SUR/	Y OI ANCE	R OF INFORMATION ONLY A R NEGATIVELY AMEND, EXT DOES NOT CONSTITUTE A ERTIFICATE HOLDER.	END OR ALT	FER THE CO	OVERAGE AFFORDED	TE HOI BY TH	DER. THIS	
lf	SUE	BROGAT	ION	IS V	VAI\	/ED, subjec	ct to	the	DITIONAL INSURED, the polic terms and conditions of the p ificate holder in lieu of such en	olicy, certain	policies may				
	DUCE								CON NAM		-				
AssuredPartners										NAME: FAX PHONE FAX (A/C, No, Ext): (303) 863-7788					
		Jister Sti CO 8023		Suite	600)			E-MA ADD	IL RESS:		(A/O, NO).			
	- ,										SURER(S) AFFO	RDING COVERAGE		NAIC #	
									INSU			rance Company		18988	
INSL	RED	Cor	riaga	Dor	L A+	Groop Vall	D.	nnah	Homeowners	RER B : United	States Liak	pility Insurance Comp	any	25895	
			ociat		N AL	Green van	зука	anch	INSU	INSURER C : Travelers Casualty And Surety Compan				19038	
						operty Mana				INSURER D :					
			ora, (er R., Suite				INSURER E :					
					•••	•			INSU	RER F :					
co	VER	AGES				CER	TIFI	CATE	NUMBER:			REVISION NUMBER:			
IN C	IDICA ERTII	TED. NO	otwi 1ay e	THST BE IS	FANE SSUE	DING ANY R ED OR MAY	EQUI PER POLI	IREM TAIN, CIES.	SURANCE LISTED BELOW HAVE ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEEN	ANY CONTRA BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
INSR LTR		ТҮІ	PE OF	INSUF	RANC	E	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERC	IAL G	ENER		IABILITY						EACH OCCURRENCE	1,000,000		
		CLAIN	/IS-MA	DE	Χ	OCCUR			74368745-23	8/9/2023	8/9/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
												MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:				ES PER:						GENERAL AGGREGATE \$		2,000,000		
	X	POLICY	JE	RO- ECT	X	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
_		OTHER:											\$	4 000 000	
A												COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
								74368745-23	8/9/2023	8/9/2024	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY AUTOS								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE						
	X	HIRED AUTOS ON	ILY	X	AUT	N-OWNED FOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
													\$		
		UMBRELL		'	_	OCCUR CLAIMS-MADE						EACH OCCURRENCE	\$		
	\vdash	DED	1	ENTIC								AGGREGATE	\$		
<u> </u>	WOR	KERS COM	PENSA	ATION								PER OTH-	\$		
	AND	EMPLOYER	S' LIA	BILITY	ſ								¢		
	OFFI (Man	PROPRIETC CER/MEMBE datory in N	ER EXC	CLUDE	D?		N / A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY LIMIT			
B Directors & Officers					01101				CAP1015310	8/9/2022	8/9/2023	Deductible \$1,000	Ţ.	1,000,000	
C Crime							105627358	8/9/2023	8/9/2026	\$1,000 Deductible		100,000			
DES	CRIPT	ION OF OPE	RATIC	DNS / I	LOCA	ITIONS / VEHICI	LES (/	ACORI	0 101, Additional Remarks Schedule, ma	/ be attached if mor	re space is requi	red)	<u> </u>		

CERTIFICATE HOLDER	CANCELLATION				
Informational Certificate	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				

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