

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2017

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 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 floider in fled of Such e	endorsement(s).				
PRODUCER		CONTACT NAME:			
Stansfield Insurance Agency		PHONE (A/C, No, Ext): 970-204-0020 FAX (A/C, No): 970-20	04-0305		
5125 S College Ave, Suite B		E-MAIL ADDRESS:			
Fort Collins, CO 80525		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Mid-Century Insurance Exchange (Farmers)	21687		
INSURED		INSURER B:			
M & E Painting LLC		INSURER C:			
540 W 66th Street, Suite B1		INSURER D:			
Loveland, CO 80538		INSURER E :			
ph- 970-207-1005		INSURER F:			
COVERAGES	CERTIFICATE 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.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GEN	IERAL LIABILITY			604787014	01/01/17	01/01/18	EACH OCCURRENCE	\$ 1,000,000		
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000		
	X	prod/comp ops						PERSONAL & ADV INJURY	\$ 1,000,000		
	X	broad form pd						GENERAL AGGREGATE	\$ 2,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		POLICY X PRO- JECT LOC							\$		
Α	AUT	OMOBILE LIABILITY			604787014	01/01/17	01/01/18	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ANY AUTO						BODILY INJURY (Per person)	\$		
	х	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Ma	ndatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$		
	DES	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
	Op	s: Int & Ext Painting									
	Re	esidential and Commercial									
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

**CANCELLATION** CERTIFICATE HOLDER M & E Painting LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 540 W 66th Street, Suite B1

Loveland, CO 80538 Attn: Melanie

mhoobler@mandepainting.com

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN