

CERTIFICATE OF LIABILITY INSURANCE

RUMBY

DATE (MM/DD/YYYY) 7/25/2023

BUSNM

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).						
PRODUCER License # 0757776		CONTACT NAME:				
HUB International Insurance Se 1111 S. Makeup Blvd	rvices (COL)	PHONE (A/C, No, Ext): (303) 000-0000	FAX (A/C, No): (000)	000-0000		
Denver, CO 00000		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING C	OVERAGE	NAIC#		
		INSURER A: insurance		000000		
INSURED		INSURER B:				
SAMPLE ONLY		INSURER C:				
	AME MUST MATCH ACCOUNT	INSURER D:				
NAME ON FILE		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVIS	SION NUMBER:			
THIS IS TO CERTIFY THAT TH	IE POLICIES OF INSURANCE LISTED BE	ELOW HAVE BEEN ISSUED TO THE INSURED NA	AMED ABOVE FOR THE PO	OLICY 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,

	EXCEOSIONS AND CONDITIONS OF SOCIETY CHOICE. ENVIRONMENTAL TRAVE BEEN REDUCED BY LAID CEATING.								
INSR LTR	NSR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		000-000000010073	10/17/2023	10/17/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 20,000
						4		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:						LIQUOR LIABILI	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS							COMBINED SINGLE LIMIT (Ea accident)	\$
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	١.,					PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A	MUST BE COMPLETED EMPLOYEES WILL BE V	ETED IE		PER OTH- STATUTE ER	
			N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		,,		YOUR EVENT(S).		KKING	E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below				TOUR EVENT(S).			E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named additional insured

Cherry Creek School District. 4700 South Yosemite Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Greenwood Village, CO 80111	AUTHORIZED REPRESENTATIVE			
<u> </u>	THE			

CANCELLATION

CERTIFICATE HOLDER