

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

th	IPORTANT: If the certificate holder is ne terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain p	olicies may require an endorse						
PRODUCER				CONTA NAME	CONTACT NAME:					
					io, Ext):		FAX (A/C, No):			
Insurance Provider				È-MAII	E-MAIL ADDRESS:					
Mailing Address				ADDRE	INSURER(S) AFFORDING COVERAGE				NAIC #	
	g . taa. 000			INCLIDE	R A : Insurance				XXXXX	
INSURED				INSURER B : Insurance Company #2				XXXXX		
Subcontractor Name				INSURER c : Insurance Company #3				XXXXX		
					INSURER D: Insurance Company #4				XXXXX	
Mailing Address						Company #	*			
				INSUR						
00/50 4050				J	INSURER F :					
COVERAGES CERTIFICATE NUM THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE							REVISION NUMBER:			
CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY		PERT POL	AIN,	S. LIMITS SHOWN MAY HAVE BEEI	THE POLICIE	S DESCRIBEI Y PAID CLAIM	D HEREIN IS SUBJECT TO	O ALL		
Α	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
				Policy Number			PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PECT LOC						TRODUCTO - COMITTOT ACC	\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
В	X ANY AUTO						BODILY INJURY (Per person)	\$	1,000,000	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS						(Per accident)	\$		
	UMBRELLA LIAB OCCUP						EAGU GOOUDDENGE	-		
С	- OCCOR						EACH OCCURRENCE	\$		
C	CLAIWG-WADL						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER		500.000	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>			E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CE	OTICICATE HOLDED			CAN	CELL ATION					
CERTIFICATE HOLDER CANCELLATION										

Magic Max Service App LLC 6145 Broadway, Suite 48 Denver, CO 80216

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

ACORD 25 (2010/05)

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