

## 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.

tŀ	MPORTANT: If the certificate holder is the terms and conditions of the policy pertificate holder in lieu of such endor	cert	ain p	olicies may require an endorse						
PRO	DUCER			CONTA NAME:	CT					
				PHONE (A/C, N	E lo, Ext):		FAX (A/C, No):			
Insurance Provider					E-MAIL ADDRESS:					
Mailing Address						SURER(S) AFFOI	RDING COVERAGE		NAIC #	
				INSUREI	INSURER A : Insurance Company #1				XXXXX	
INSURED				INSUREI	INSURER B: Insurance Company #2				XXXXX	
Subcontractor Name				INSUREI	INSURER c : Insurance Company #3				XXXXX	
Mailing Address				INSUREI	INSURER D : Insurance Company #4				XXXXX	
Ç				INSURE	ER E :					
				INSUR	ER F :					
CO	VERAGES CER	TIFI	CATE NUMBER: REVI				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	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY						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	
				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 PRO- LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$		
В	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
С	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER			
_	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000	
D	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
CERTIFICATE HOLDER CAN										
CERTIFICATE HOLDER CANCELLATION										

**OWL Environmental 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)

© 1988-2021 ACORD CORPORATION. All rights reserved.