

# 1) NEED: CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2011

**(Insurance card copy not sufficient)**

20-2882

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A: L SOUTHWEST  
 INSURER B: AUTO OWNERS INS. CO.  
 INSURER C:  
 INSURER D:  
 INSURER E:

BOULDER CO 80304

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADDL INSRD                               | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |              |
|----------|--|---|---------------|----------------------------------|-----------------------------------|--|--------------|
| A        |  | GENERAL LIABILITY   |               | 04/19/11                         | 04/19/12                          | EACH OCCURRENCE                                      | \$ 1,000,000 |
|          |  | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)            | \$           |
|          |  | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                          |               |                                  |                                   | MED. EXP (Any one person)                            | \$           |
|          |  |   |               |                                  |                                   | PERSONAL & ADV INJURY                                | \$ 1,000,000 |
|          |  |   |               |                                  |                                   | GENERAL AGGREGATE                                    | \$ 2,000,000 |
|          |  |   |               |                                  |                                   | PRODUCTS-COMP/OP AGG.                                | \$           |
|          |  | 2 > General Liability Insurance at this level >   |               |                                  |                                   |  |              |
| B        |  | AUTOMOBILE LIABILITY  |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)                  | \$           |
|          |  | <input type="checkbox"/> ANY AUTO   |               |                                  |                                   | BODILY INJURY (Per person)                           |              |
|          |  | <input type="checkbox"/> ALL OWNED AUTOS  |               |                                  |                                   | BODILY INJURY (Per accident)                         |              |
|          |  | <input type="checkbox"/> SCHEDULED AUTOS  |               |                                  |                                   | PROPERTY DAMAGE (Per accident)                       | \$           |
|          | <input type="checkbox"/> HIRED AUTOS     |   |               |                                  |                                   |  |              |
|          | <input type="checkbox"/> NON-OWNED AUTOS |   |               |                                  |                                   |  |              |
|          |  | 3 > For a Truck Vehicle, whether driven alone or towing a Concession Trailer, Insurance at this level > |               |                                  |                                   | *State of Colorado Minimum Insurance Limits Required |              |
|          |  | GARAGE LIABILITY  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                              | \$           |
|          |  | <input type="checkbox"/> ANY AUTO   |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC                         | \$           |
|          |  |   |               |                                  |                                   | AUTO ONLY: AGG                                       | \$           |
|          |  | EXCESS / UMBRELLA LIABILITY   |               |                                  |                                   | EACH OCCURRENCE                                      | \$           |
|          |  | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                     |               |                                  |                                   | AGGREGATE  | \$           |
|          |  |   |               |                                  |                                   |  | \$           |
|          |  |   |               |                                  |                                   |  | \$           |
|          |  |   |               |                                  |                                   |  | \$           |
|          |  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |               |                                  |                                   | WC STATUTORY LIMITS                                  | OTHER        |
|          |  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   |               |                                  |                                   | E.L. EACH ACCIDENT                                   | \$           |
|          |  | If yes, describe under SPECIAL PROVISIONS below   |               |                                  |                                   | E.L. DISEASE-EA EMPLOYEE                             | \$           |
|          |  |   |               |                                  |                                   | E.L. DISEASE-POLICY LIMIT                            | \$           |
|          |  | OTHER:  |               |                                  |                                   |  |              |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

4 > City of Boulder are additionally insured with insurance with respect to general liability.

### CERTIFICATE HOLDER

### CANCELLATION

5 > The City of Boulder  
 PO Box 791  
 Boulder, Co 80301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Steve Longenecker*  
 Steve Longenecker

Attention: Tax and License Division