



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/19

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.

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.

PRODUCER: K & K Insurance Group, Inc. CONTACT NAME: SPORTS. PHONE: 800-441-3994. FAX: 260-459-5120. INSURED: B.A.S.S. NATION. INSURER A: NATIONWIDE LIFE INSURANCE COMP.

COVERAGES CERTIFICATE NUMBER: 1962411 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Participant Accident.

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

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. CLUB: COLORADO BASS NATION *SEE ATTACHED ADDENDUM*

CERTIFICATE HOLDER

LARIMER COUNTY NATURAL RESOURCES ATTN: BRAD FRYE 1800 SOUTH COUNTY RD. 31 LOVELAND, CO 80537

CANCELLATION

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: Scott [Signature]

AGENCY CUSTOMER ID: _____

LOC # _____

CERTIFICATE: 1962411 DATE ISSUED: 1/17/19

ACORDTM

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K & K INSURANCE GROUP, INC.		NAMED INSURED B.A.S.S. NATION 3500 BLUE LAKE DRIVE, SUITE 330 BIRMINGHAM, AL 35243	
POLICY NUMBER GL KRO0007646400 PA SPX0030274900			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

EVENT: HIGH SCHOOL BASS FISHING TOURNAMENT
DATES: 5/11/19 AND 9/14-15/19
LOCATION: HORSETOOTH RESERVOIR