**MDIAZ** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/11/2021

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).

	his certificate does not confer rights to				ıch end	lorsement(s).	•	require an end	orsemen	t. AS	tatement on
	DDUCER	CONTACT Mary E. Diaz									
	wrie Barden & Brett, Inc. Essex Road	PHONE (A/C, No, Ext): (860) 399-3643 FAX (A/C, No): (860) 399-3696									
We	stbrook, CT 06498	E-MAIL ADDRESS: maryd@gowrie.com									
		INSURER(S) AFFORDING COVERAGE					NAIC #				
		INSURE	R A : <b>Federal</b>	Insurance	Company			20281			
INS	URED	INSURER B:									
Carter Lake Sail Club c/o Michael Gurlev						INSURER C:					
	5437 E. Hinsdale Place				INSURER D:						
	Centennial, CO 80122				INSURER E:						
						INSURER F:					
				E NUMBER:	/E D	EEN ICCUED T		REVISION NUN		LIE DO	LICY DEDICE
II C	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS
INSR	EXCLUSIONS AND CONDITIONS OF SUCH F		POLICY EFF POLICY EXP								
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			1,000,000
^	CLAIMS-MADE X OCCUR	х		25205040		4/4/0004	4/4/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED ED	\$	1,000,000
	CLAIMS-WADE A OCCUR			35395040		1/1/2021	1/1/2022			\$	10,000
								MED EXP (Any one		\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC									\$	Included
	OTHER:							PRODUCTS - COMP/OP AGG   \$		\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	ANY AUTO			35395040		1/1/2021	1/1/2022	BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	76.50 6.12									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA I	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below  Marine GL			7312271		1/1/2021	1/1/2022	E.L. DISEASE - POL		\$	1,000,000
A				7312271		1/1/2021		P&I/Regatta	e		1,000,000
Α	Tachi Folicy			1312212		1/1/2021	1/1/2022	r & // Negatta			1,000,000
DES Lari	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL imer County is listed as an Additional Ins	ES (/ sured	ACORE	) ) 101, Additional Remarks Schedu General Liability Policy AT	ile, may b IMA as	e attached if mor respects to ir	e space is requir isured's use	ed) of holders prem	ises.		
	RTIFICATE HOLDER	CANCELLATION									
Larimer County						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					
	Attn: Karla Estrem 200 West Oak St.; Suite 4000	S. Carta Gomi									

ACORD 25 (2016/03)

Fort Collins, CO 80522

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