



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/11/2023

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).

|   |   |                             |
|---|---|-----------------------------|
| <b>PRODUCER</b><br>East Main Street Insurance Services, Inc.<br>Will Maddux<br>PO Box 1298<br>Grass Valley CA 95945 | <b>CONTACT NAME:</b> Will Maddux<br><b>PHONE (A/C. No. Ext):</b> (530) 477-6521<br><b>E-MAIL ADDRESS:</b> info@theeventhelper.com | <b>FAX (A/C. No):</b>       |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                             |
| <b>INSURED</b><br><br>Mandy Westfall<br>3713 Settlers Rd<br>Laporte CO 80535  | <b>INSURER A :</b> Lloyds Syndicate 2623  | <b>NAIC #</b><br>AA-1128623 |
|   | <b>INSURER B :</b> Lloyds Syndicate 623   | AA-1126623                  |
|   | <b>INSURER C :</b>  |                             |
|   | <b>INSURER D :</b>  |                             |
|   | <b>INSURER E :</b>  |                             |
|   | <b>INSURER F :</b>  |                             |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

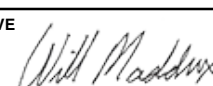
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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  | ADDL INSD   | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|---|--|---|----------|--------------------|-------------------------|-------------------------|--|
| A   | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>        | Y   | N        | EH-771323-L3592672 | 09/23/2023<br>12:01 AM  | 09/25/2023<br>12:01 AM  | EACH OCCURRENCE \$ 1,000,000                             |
|   | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR |   |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 |
|   | <input checked="" type="checkbox"/> Host Liquor Liability                      |   |          |                    |                         |                         | MED EXP (Any one person) \$ 5,000                        |
|   | <input type="checkbox"/> Retail Liquor Liability                               |   |          |                    |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                       |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |   |          |                    |                         |                         | GENERAL AGGREGATE \$ 2,000,000                           |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |   |          |                    |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                      |
| OTHER:  |  |   |          |                    |                         |                         | Deductible \$ 1,000                                      |
| <b>AUTOMOBILE LIABILITY</b>   |  |   |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                   |
| <input type="checkbox"/> ANY AUTO   |  |   |          |                    |                         |                         | BODILY INJURY (Per person) \$                            |
| <input type="checkbox"/> OWNED AUTOS ONLY   | <input type="checkbox"/> SCHEDULED AUTOS                                       |   |          |                    |                         |                         | BODILY INJURY (Per accident) \$                          |
| <input type="checkbox"/> HIRED AUTOS ONLY   | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                  |   |          |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$                        |
|   |  |   |          |                    |                         |                         | \$   |
| <b>UMBRELLA LIAB</b>  |  |   |          |                    |                         |                         | EACH OCCURRENCE \$                                       |
| <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> OCCUR   |   |          |                    |                         |                         | AGGREGATE \$   |
| <input type="checkbox"/> DED  | <input type="checkbox"/> RETENTION \$  |   |          |                    |                         |                         | \$   |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |  |   |          |                    |                         |                         | PER STATUTE OTH-ER                                       |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |  | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A    |                    |                         |                         | E.L. EACH ACCIDENT \$                                    |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |  |   |          |                    |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                            |
|   |  |   |          |                    |                         |                         | E.L. DISEASE - POLICY LIMIT \$                           |

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

Certificate holder listed below is named as additional insured per attached CG 20 26 04 13. Attendance: 250, Event Type: Block Parties/Street .

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Larimer County<br>200 W Oak St Ste 4000<br>Fort Collins CO 80522 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Schedule**

Name of Additional Insured Person(s) or Organization(s):

Larimer County  
 200 W Oak St Ste 4000  
 Fort Collins, CO 80522

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.