

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) /12/2017 8:39 AM

REPRESENTATIVE OR PRODUCER	UCNI INA	KAN(TTUTE A	CONTRACT	BETWEEN	THE ISSUED IN	RDED BY	THE POLICIES	
the terms and conditions of the policertificate holder in lieu of such end										
PRODUCER GIA Risk Management LLC			<u></u>	CON	ACT Mike Hi					
J 9195 W 44th Avenue					PHONE 200 400 04					
Wheat Ridge, CO 80033					(A/C, No, Ext): 303-423-0162 FAX (A/C, No): 303-423-5417 ADDRESS: mhill@e-gia.com					
					PRODUCER CUSTOMER ID #:					
INSURED		0		10031		(PUDERVE)				
DEBY JOHNSON, DBA: PARKHILL CONSTRUCTION INC 6769 SO QUEEN RD LITTLETON, CO 80127					INSURER(s) AFFORDING COVERAGE NAIC INSURER A: Security National Insurance Company 19879					
					INSURER B:					
					INSURER C:					
					INSURER D :					
	INSUR	INSURER E :								
COVERAGES CE	INSUR	INSURER F:								
THIS IS TO CERTIEV THAT THE DOLLOW			E NUMBER:				REVISION NUMB	FR.		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH THAT TYPE OF INSURANCE	H POL	LICIES LISUBI	LIMITS SHOWN MAY HA	RDED BY VE BEEN	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	ED NAMED ABOVE DOCUMENT WITH F D HEREIN IS SUBJI	FOR THE F RESPECT T ECT TO AL	OLICY PERIOD O WHICH THIS L THE TERMS,	
GENERAL LIABILITY	INS	R WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	-	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s 1	,000,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$ 1	00,000	
			NA118812500		4/12/2017	4/12/2018	MED EXP (Any one pers		,000	
	-				17 12/2011	4/12/2018	PERSONAL & ADV INJU	JRY \$ 1,	,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		×					GENERAL AGGREGATI	_	,000,000	
POLICY PRO-					8		PRODUCTS - COMP/OF	AGG \$ 2,	,000,000	
AUTOMOBILE LIABILITY							COMPINED	\$		
ANY AUTO				İ			COMBINED SINGLE LIN (Ea accident)	4IT \$		
ALL OWNED AUTOS							BODILY INJURY (Per pe	rson) \$		
SCHEDULED AUTOS							BODILY INJURY (Per ac	cident) \$		
HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
NON-OWNED AUTOS			5.	1			(\$		
	1							\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE						1	AGGREGATE	_ \$\$		
DEDUCTIBLE	—					Ī	ACCRECATE	s		
WORKERS COMPENSATION	<u> </u>							\$		
AND EMPLOYERS' LIABILITY							WC STATU-	OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	S		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPL			
DESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY L			
ESCRIPTION OF OPERATIONS / LOCATIONS / VENE	E0 /	94m - 1 - 1	CORD 404 * * * * * * * * * * * * * * * * * *				<u></u>		ſ	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL PARK HILL CONSTRUCTION DOES F	RES (A	DEN	CORD 101, Additional Remarks TIAL STRUCTURAL A	Schedule, i ND ADE	fmore space is r DITIONS TO	equired) INCLUDE	BATHEROOM AN	ND KITCH	ENS	
ERTIFICATE HOLDER										
	CANCE	CANCELLATION								
DRAFT					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					UTHORIZED REPRESENTATIVE					
					50000000000000000000000000000000000000					
					MICHAEL HILL					

ACORD®

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 IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CONTACT Mike Hill
PHONE
(A/C, No, Ext); 303-423-0162
E-MAIL
ADDRESS: mhill@e-gia.com
PRODUCER GIA Risk Management LLC 9195 W 44th Avenue FAX (A/C, No): 303-423-5417 Wheat Ridge, CO 80033 CUSTOMER ID # INSURED INSURER(S) AFFORDING COVERAGE NAIC # DEBY JOHNSON, DBA: PARKHILL CONSTRUCTION INC INSURER A: Security National Insurance Company 19879 6769 SO QUEEN RD INSURER B LITTLETON, CO 80127 INSURER C : INSURER D INSURER E INSURER F COVERAGES CERTIFICATE 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. ADDL SUBR **TYPE OF INSURANCE** POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER GENERAL LIABILITY s 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) s 100,000 CLAIMS-MADE OCCUR MED EXP (Any one person) s 5,000 ☑ | □ | NA118812500 4/12/2017 4/12/2018 PERSONAL & ADV INJURY s 1,000,000 \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 2,000,000 POLICY PRO-AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO (Ea accident) BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS \$ PROPERTY DAMAGE HIRED AUTOS \$ (Per accident) NON-OWNED AUTOS \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DEDUCTIBLE \$ RETENTION WORKERS COMPENSATION WC STATU- OTH AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. EACH ACCIDENT (Mandatory In NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 303-660-0041 FAX CERTIFICATE HOLDER CANCELLATION DOUGLAS COUNTY BUILDING DIVISION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 100 3RD ST THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CASTLEROCK, CO 80104 ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** MICHAEL HILL

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	ABILITY INSURANCE DATE (MM/DD/YYYY)
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1	INSURER D: INSURER E:
COVERAGES CERTIFICATE NUMBER:	INSURER F:
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4/12/2017

4/12/2010

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EACH OCCURRENCE DAMAGE TO REVIEW PREMISES (Ea OCCURENCE)

м≞о вх⊬ (Алу ала радол)

PERSONAL & ADVINJURY

PRODUCTS - COMPJOP AGG

GENERAL AGGREGATE

COMBINED SINGLE LIMIT (La accident)

DODILY INJURY (Her person)

BODILY INJURY (Per merident)

PROPERTY DAMAGE

EACH OCCURRENCE

MOSTATU. MONT

ACGREGATE

☐ NA118812500

POLICY PRO-

ALL OWNED AUTOR

SCHEDULED AUTOS

NON-CAMPED WILLD

HIRED AUTOS

UMBRELLA LIAB

RETENTION 1

EXCESS LIAB

DEDUCTIBLE

AUTOMORU F I IABII ITY ANY AUTO

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE OCCUR

CEN'L ACCRECATE LIMIT APPLIES PER:

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OCCUR

CLAIMS-MADE