

CERTIFICATE OF LIABILITY INSURANCE

XX/XX/XX

PRODUCER
Flood & Peterson Insurance, Inc.
PO Box 270370
Fort Collins, CO 80527
(970) 266-8710

THIS CERTIFICATE IS ISSUED AS A MATTER OF THE 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

INSURER LETTER A:	XXXXXXXXXX
INSURER LETTER B:	XXXXXXXXXX
INSURER LETTER C:	
INSURER LETTER D:	
INSURER LETTER E:	

INSURED
 XYZ Company
 Street or PO Box
 City, State, ZIP

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yy)	POLICY EXPIRATION DATE (mm/dd/yy)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> PROJECT	XXXXXXX	XX/XX/XX	XX/XX/XX	Each Occurrence	\$1,000,000
					Fire Damage (Any one fire)	\$100,000
					Medical Exp. (Any one person)	\$5,000
					Personal & Advertising Injury	\$1,000,000
					General Aggregate	\$2,000,000
					Products Comp Ops Aggregate	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/>	XXXXXXX	XX/XX/XX	XX/XX/XX	Combined Single Limit	\$1,000,000
					Bodily Injury per Person	
					Bodily Injury per Accident	
					Property Damage	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Retention \$ _____	XXXXXXX	XX/XX/XX	XX/XX/XX	Each Occurrence Aggregate Limit	
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY officers/partners/executives included	XXXXXXX	XX/XX/XX	XX/XX/XX	Statutory Limits <input checked="" type="checkbox"/>	
					Each Accident	\$500,000
					Disease-Policy Limit	\$500,000
					Disease-Each Employee	\$500,000
	OTHER					

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

RE: **Project Name Alliance Construction Solutions, LLC and ***Owner Name(s)*****
 are named as Additional Insured on General and Auto Liability, but only as respects to liability arising out of work performed by the named insured. Insurance is primary to any other insurance policy held by the Contractor or any other Additional Insured. A waiver of subrogation in favor of the Certificate Holder applies on the workers compensation.

CERTIFICATE HOLDER

Alliance Construction Solutions, LLC
 2725 Rocky Mountain Avenue, Suite 100
 Loveland, CO 80538

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** 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
SIGNATURE