

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2024

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).

PRODUCER	CONTACT NAME:	Ashley Roth			
UNICO Group	PHONE (A/C, No, Ext):	(402) 434-7200	FAX (A/C, No):		
1128 Lincoln Mall, Suite 200	E-MAIL ADDRESS:	aroth@unitelinsurance.com			
Lincoln, NE, 68508		INSURER(S) AFFORDING COVERAGE			
	INSURER A:	Firemen's Ins Co of Washington	DC	21784	
INSURED	INSURER B:	Accident Fund Insurance Co.	10166		
Jade Communications, LLC P. O. Box 1138	INSURER C:				
Alamosa, CO, 811011138	INSURER D :				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 1717597815518 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 SUE	R D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
А	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		RUP3286189	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000
		OCCUR.					MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
	AUT	TOMOBILE LIABILITY		RUP3286189	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO					BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB X OCCUR		RUP3286189	1/1/2024	1/1/2025	EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	5,000,000
		DED RETENTION\$						\$	
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY		100083479	1/1/2024	1/1/2025	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	500,000
	(Mar	ndatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$	500,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000

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

CERTIFICATE HOLDER C	ANCELLATION
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Huerfano County c/o Road and Bridge Department

401 Main Street, Suite 105 Walsenburg, CO, 81089 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

MARCI