cense # 9454 Town of Mill	Is Application for Co	ontractors Bu	siness License
Incomp	plete Applications will be returned.	Complete all fields in RE	5//1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
located at 3739 Schulte BUSINESS PHYSICAL STREET ADD			HOSINESS NAME (as it will appear on the license)
✓ New □ Renewal □ Expired (fee is doubled) do hereby apply to the Town Council of the Town of	\$35.00 \$35.00 \$70.00 of Mills for a Contractors Business Li	2021	MAR 0 5 2021
business within the Town o	of Mills for a period of ONE year, , 20	21.	
Susiness mailing address: 3739 5	chulte Ave State wy z	in 82604	OFFICE USE ONLY
Business phone #: 307 - 267-2343 Con	tractor ID #:		I,, Town Clerk
Contractor ID # issued by: Natrona County circle one)	City of Casper Town of Mills	State of Wyo	of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not granted at a regular meeting of
igned	Print Name William fore license is approved	Osborn	the Town Council held on the day of, 2021.
A Contractors Business License is require of Mills. Please call Town Hall a			Attest Town Clerk
Fire Inspection Fire Inspection Comp Proof of Liability Insurance: Insurance Ex Contractor License Contractor License Exp	xpiration Date 5/12/2/		

(The Town must have a copy of your Certificate of Liability Insurance from your insurance company)

TOWN OF MILLS PO BOX 789 704 FOURTH STREET MILLS WY 82644

307-234-6679

Receipt No: 1.026766

Mar 5, 2021

9454 Osborn Roofing - CLOSED

Previous Balance: Business License - Renewals Business License Payment 10-32-150 Business License Income .00 35.00

35.00 35.00-Total: New Balance:

Cash - Jonah Operating Payor: Osborn Roofing - CLOSED Total Applied: 35.00

35.00

Change Tendered: .00

Duplicate Copy 03/04/2021 1:38 PM



CERTIFICATE OF LIABILITY INSURANCE

5/13/2020

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)

	ICER			CONTACT Certificates		F44	,	
Orr & Associates Insurance Services			PHONE (A/C, No. Ext): 951-506-5859 (A/C, No.): 800-47				74-3003	
	30 Single Oak Dr			E-MAIL ADDRESS: certs@or	randassociate	s.com		
Ste 255 Temecula CA 92590				INSURER(S) AFFORDING COVERAGE				NAIC #
011			License#: 0E63493	INSURER A : AIX Spec	cialty Insurance	ce Co		12833
SUR	en		OSBOCON-01	INSURER B:				
	orn Construction			INSURER C: INSURER D: INSURER E:				-
73	9 Schulte Ave							
as	per WY 82604							
				INSURER F:				
			E NUMBER: 1907280408			REVISION NUMBE	R:	
INI	IERAGES IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REPORT IN THE POLICIES OF SUCH PROCESSIONS AND CONDITIONS AND CONDITIONS OF SUCH PROCESSIONS AND CONDITIONS AND CONDITIONS AND CONDITIONS OF SUCH PROCESSIONS AND CONDITIONS AND C	OF INSU	IRANCE LISTED BELOW HA'	BEEN REDUCED BY	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJE	CI TO ALL	WHICH TH THE TERM
		AUUL 300	POLICY MUMBED	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	
SR		INSD WVI	SIZGL5103B234798	5/12/2020	5/12/2021	EACH OCCURRENCE DAMAGE TO RENTED		00,000
A		1				PREMISES (Ea occurrent		
	CLAIMS-MADE X OCCUR					MED EXP (Any one perso		SA SEEM
						PERSONAL & ADV INJU		00,000
		1				GENERAL AGGREGATE	\$ 2,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP		00,000
	X POLICY PRO- JECT LOC					Ind Cont Sub	\$ 50,	000
	OTHER:					COMBINED SINGLE LIM	art s	
	AUTOMOBILE LIABILITY			1		BODILY INJURY (Per pe	erson) \$	
	ANY AUTO					BODILY INJURY (Per ac	ccident) \$	
	OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED	1				PROPERTY DAMAGE (Per accident)	\$	
	HIBED NON-OWNED					If di accident	\$	
	AUTOS ONLY AUTOS ONLY					EACH OCCURRENCE	s	
_	UMBRELLA LIAB OCCUR					AGGREGATE	s	
	EXCESS LIAB CLAIMS-MADE				1	AGGREGATE	s	
						PER	OTH- ER	
_	DED RETENTION S WORKERS COMPENSATION					E.L. EACH ACCIDENT	S	
			3			E.L. DISEASE - EA EMP		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						
	(Mandatory in Arr)				-	E.L. DISEASE - POLICY	LIMIT	
	If yes, describe under DESCRIPTION OF OPERATIONS below							
					D			
					44	ico.		
DES	SCRIPTION OF OPERATIONS below SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL retificate is subject to policy limits, conditional conditions of Coverage	LES (ACOI ons and	RD 101, Additional Remarks Scheduck (Charles of the Control of the	ule, may be attached if mo	MAR	04 2001		

CERTIFICA	 	ED

TOWN OF MILLS MILLS, WYOMING 82604 Evidence of Coverage

CANCELLATION

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

Matthe

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City of Casper, Wyoming

OSBORN ROOFING

has met the requirements set forth by the City of Casper and is competent to perform work as a

Roofing

CL-20-435

This License Expires: 12/31/2021



Natrona County Building Department

Casper, Wyoming

Number RF - 023
This is to certify that



Identification Card

OSBORN CONSTRUCTION

Has met the license requirements to perform work in Natrona County as

-ROOFING CONTRACTOR-

This license expires: December 31, 2021

Unless cancelled or revoked. Must be carried on person. Good only when signed by the Building Official or authorized designee.

Justin Smith

Natrona County Development Department

Town of Mills Application for Contractors Bu	siness License
Incomplete Applications will be returned. Complete all fields in RI	DATE 2/18/2021
NAME TITLE (i.e. owner, manager, etc.)	RAMSHORN Con Struction BUSINESS NAME (as it will appear on the license)
BUSINESS PHYSICAL STREET ADDRESS CASPER WY 82604 CITY, STATE, ZIP	
New \$35.00 Renewal \$35.00 Expired (fee is doubled) \$70.00 do hereby apply to the Town Council of the Town of Mills for a Contractors Business License to operate my business within the Town of Mills for a period of ONE year,	PAID FEB 18 2021 TOWN OF MILLS
beginning the 4/18/2000 day of FEBLUARY , 2021.	
Susiness mailing address: P.O. Box 2422 City CASper State WY Zip 82602	OFFICE USE ONLY
Business phone #: 307-234-6879 Contractor ID #: 0041 wyoming	I,, Town Clerk
Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo circle one)	of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and
iigned Print Name JOHN LANG	was / was not granted at a regular meeting of the Town Council held on the day
Fee is to be PAID before license is approved	of, 2021.
A Contractors Business License is required for a contractor to operate within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.	Attest Town Clerk
Fire Inspection Fire Inspection Completed Date Proof of Liability Insurance: Insurance Expiration Date Contractor License Contractor License Expiration Date Contractor License Contractor Lice	

(The Town must have a copy of your Certificate of Liability Insurance from your insurance company)

IOWN OF MILLS PO BOX 789 704 FOURTH STREET MILLS WY 82644 307-234-6679 Feb 18, 2021 Receipt No: 1.026445 Ramshorn Construction Previous Balance: Business License - New License Payment 10-32-150 Business License Income .00 35.00 35.00 Total: ______ Check - Jonah Operating Check No: 28984 Payor: Ramshorn Construction Total Applied: 35.00 35.00 .00 Change Tendered: Duplicate Copy 02/18/2021 12:42 PM



RAMSHORN CONSTRUCTION

has met the requirements set forth by the City of Casper and is competent to perform work as a

Utility Contractor

CL-20-776

This License Expires: 12/31/2021



RAMSHORN CONSTRUCTION

has met the requirements set forth by the City of Casper and is competent to perform work as a

Demolition Contractor

CL-20-788

This License Expires: 12/31/2021

Commence of the second of the

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2021

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to			ch endorsement(s)				
PRODUCER			CONTACT Danielle Capps					
Wy (162	oming Financial Insurance 0 E Pershing Blvd, Ste 100			PHONE (A/C, No, Ext): (307)	432-4154	FAX (A/C, No):		
Che	eyenne, WY 82001			E-MAIL ADDRESS: dcapps	@wercs.cor	n		
				IN	SURER(S) AFFO	RDING COVERAGE	NAIC#	
				INSURER A : EMCAS	SCO Insura	nce Company	21407	
INSURED				INSURER B : Employers Mutual Casualty Company				
	Ramshorn Construction Inc			INSURER C:				
	PO Box 2422			INSURER D:				
	Casper, WY 82602			INSURER E :				
				INSURER F:				
CO	OVERAGES CERT	IFICATE	NUMBER:			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	QUIREME ERTAIN, OLICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	DDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,0	
	CLAIMS-MADE X OCCUR		6D03539	4/23/2020	4/23/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 500,0	
						MED EXP (Any one person)	1 000 0	
						PERSONAL & ADV INJURY	2,000,0	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC					GENERAL AGGREGATE	2 000 0	
						PRODUCTS - COMP/OP AGG	, ,	
В	OTHER:					COMBINED SINGLE LIMIT	1,000,0	
_	X ANY AUTO		6E03539	4/23/2020	4/23/2021	(Ea accident)	3	
	OWNED SCHEDULED		0203339	4/23/2020	4/23/2021	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
В	X UMBRELLA LIAB X OCCUR	_				EACH OCCURRENCE	\$ 4,000,0	
	EXCESS LIAB CLAIMS-MADE		6K03539	4/23/2020	4/23/2021	AGGREGATE	\$ 4,000,0	
	DED X RETENTIONS 10,000					AGGREGATE	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER X OTH-	•	
			6X03539- WY STOP GAP	4/23/2020	4/23/2021	E.L. EACH ACCIDENT	s 1,000,0	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1/A				E.L. DISEASE - EA EMPLOYEE	1 000 0	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	1 000 0	
В	Leased/Rented Equipm		6C03539	4/23/2020	4/23/2021	single/ agg	250,0	
В	Equipment Floater		6C03539	4/23/2020	4/23/2021	See Below		
Holo	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE der is Additional Insured if required by wr omobile per form CA7450. Waiver of subr	itten cor	itract on General Liability	per form CG7174.3.	Additional in	isured if required by writte	en contract on ble upon request.	
CE	RTIFICATE HOLDER			CANCELLATION				
OE	ATTI IOATE HOLDER			CANGLLLATION				
Town of Mills PO Box 789 Mills, WY 82644				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				Aug A				