

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/15/2024

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 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)

certificate holder	•	•	s may require an ema	orsement. A statement on the	3 oci tilloate does il	or comer rights	io inc
PRODUCER				CONTACT NAME: Sonya Case			
Dixie Leavitt	Agency			PHONE (A/C, No, Ext): (435)586-946	53	FAX (A/C, No): (435)586	-0609
115 North Main	Street			E-MAIL ADDRESS: sonya-case@lea	vitt.com		
PO Box 1744				INSURER(S) A	FFORDING COVERAGE		NAIC #
Cedar City	UT	84720		INSURER A: Midwest Famil	y Mutual Insur	ance Company	23574
INSURED				INSURER B:			
Lyle Northern 1	Electric			INSURER C:			
61 W 300 N				INSURER D :			
				INSURER E :			
Blanding	UT	84511		INSURER F:			
COVERAGES		CERTIFICATE NU	JMBER: 23/24/25		REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
				NY CONTRACT OR OTHER DOCU			
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	CONDITIONS OF S	ADDL SUBR	J SHOWIN WAT HAVE DE	POLICY EFF POLICY E	VD		
INSK TYPE	OF INSURANCE	ADDL SUBK	DOLICY NUMBER	PULICT EFF PULICT E		LIMITS	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
		_			CPUT0560118373	4/12/2024	4/12/2025	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	х	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	х	ANY AUTO		CPUT0560118373				BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS			4/12/2024	4/12/2025	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								Underinsured motorist combined sin	\$	1,000,000
	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
		DED X RETENTION \$ 10,000			CPUT0560118373	4/12/2024	4/12/2025		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	ROPRIETOR/PARTNER/EXECUTIVE			CPUT0560119482	8/1/2023	8/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
A	A (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

FAA project number AIP 3-49-0055-021-2024

CERTIFICATE HOLDER CANCELLATION

San Juan County 117 South Main #202 Monticello, UT 84535	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
	Sonya Case/SOCASE Sonya Casa

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certificate holder in lieu of su	ch en	dorsement(s).					
PRODUCER			CONTACT NAME: Sonya Ca	se			
Dixie Leavitt Agency			PHONE (A/C, No, Ext): (435)5	86-9463		FAX (A/C, No): (435)586	-0609
115 North Main Street			E-MAIL ADDRESS: sonya-ca	se@leav	itt.com		
PO Box 1744			INSU	RER(S) AFF	ORDING COVER	AGE	NAIC #
Cedar City	UT	84720	INSURER A: Midwest	Family	Mutual In	surance Company	23574
INSURED			INSURER B :				
Lyle Northern Electric			INSURER C :				
61 W 300 N			INSURER D :				
			INSURER E :				
Blanding	UT	84511	INSURER F:				
COVERAGES		CERTIFICATE NUMBER: 24/25			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 ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS X **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED 50,000 CLAIMS-MADE X OCCUR Α \$ PREMISES (Ea occurrence) CPUT0560118373 4/12/2024 4/12/2025 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY X PRO-PRODUCTS - COMP/OP AGG 2,000,000 \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 1,000,000 х BODILY INJURY (Per person) \$ ANY AUTO Α ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ CPUT0560118373 4/12/2024 4/12/2025 AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ 1,000,000 Underinsured motorist combined sin UMBRELLA LIAB Х EACH OCCURRENCE OCCUR \$ 2,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ 2,000,000 Α DED X RETENTION \$ CPUT0560118373 4/12/2024 4/12/2025 10,000 WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 1,000,000 N/A 8/1/2024 CPUT0560119482 8/1/2025 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FAA project number AIP 3-49-0055-021-2024

CERTIFICATE HOLDER	CANCELLATION				
San Juan County 117 South Main #202 Monticello, UT 84535	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
MONCICETIO, 01 04333	AUTHORIZED REPRESENTATIVE				
	Sonya Case/SOCASE Sonya Casa				

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