

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04-09-2024

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).

CONTACT NAME: Berkshire Hathaway Direct Insurance Company PHONE 1-800-507-4495 FAX: 866-715-2764 1314 Douglas Street Suite 1400 (A/C, No, Ext): (A/C, No): Omaha, NE 68102 F-MAII INSURER A : Berkshire Hathaway Direct Insurance Comnany
INSURER B : INSURED Swingin' Steaks LLC dba Still Steaks 100 Main Ave INSURER C : Mexican Hat, UT 84531 INSURER D : INSURER E : INSURER F:

COVERAGES CERTIFICATE NUMBER: 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.

ISR LTR TYPE OF INSURANCE ADDL SUB POLICY POLICY POLICY EXP LIMITS INSR I TR EFF (MM/DD/Y YYY) R WVD NUMBER 04/03/2024 EACH OCCURRENCE \$ 1,000,000 04/03/2025 CP140206798P2 Α Х COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED \$ 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence)
MED EXP (Any one \$ 5 000 person) PERSONAL & ADV \$ 1,000,000 Х INJURY GENERAL \$ 3.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: AGGREGATE PRODUCTS -POLICY PRO-JECT \$ SEE GENERAL LOC Χ COMP/OP AGG AGGREGATE OTHER: AUTO MOBILE LIABILITY CP140206798 04/03/2024 04/03/2025 COMBINED SINGLE Α LIMIT (Ea accident)
BODILY INJURY (Per ANY AUTO \$ person) BODILY INJURY (Per OWNED SCHEDULED. \$ accident)
PROPERTY DAMAGE AUTOS ONLY AUTOS NON-OWNED Χ Χ Χ AUTOS ONLY AUTOS ONLY (Per accident) HIRED AND NON \$1,000,000/3,000 OWNED EACH OCCURRENCE OCCUR UMBRELLA LIAB CLAIMS-MADE **EXCESS LIAB** AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION 04/03/2025 CP140206798 P2024 04/03/2024 OTHER N/A Α STATUT AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT
E.L. DISEASE - EA
EMPLOYEE
E.L. DISEASE POLICY LIMIT OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below \$ 3,000,000 CP140206798 P2024 04/03/2024 04/03/2025 Α OCCUR PerOccur/Aggregate \$1,000,000 / 3,000,000 **ERRORS & OMISSIONS** Χ Χ CYBER X PerOccur/Aggregate \$1,000,000 / 3,000,000

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

Excluded from Workers Compensation

Joy Lyn Howell - Excluded Haley Marie Sumner - Excluded

The certificate holder, Utah Department of Alcoholic Beverage Services is named as an additional insured under policy CP1401206798P2024. Liquor Liability coverage is included at \$1,000,000 per occurrence and \$3,000,000 aggregate for policy number CP1401206798P2024 effective 04/03/2024 - 04/03/2025.

CERTIFICATE HOLDER	CANCELLATION
Utah Department of Alcoholic Beverage Services PO Box 30408 Salt Lake City, UT 84130-0408	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 Kalanda

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ACORD 25 (2016/03)

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