

TWALLACE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2019

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).

t	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCER License # 0979004				CONTA NAME:	^{ст} Toni Wal	lace				
HUB International Mountain States Limited 3533 Gabel Road						PHONE (A/C, No, Ext): (406) 371-8411 FAX (A/C, No): (406) 652-					
	ings, MT 59102			E-MAIL ADDRESS: toni.wallace@hubinternational.com							
				INSURER(S) AFFORDING COVERAGE				NAIC #			
				INSURER A: American Fire and Casualty Company				24066			
INS	JRED				R в : Montan						
Painters Inc						INSURER C:					
	Attn: Patrick Morin P.O. Box 80890				RD:						
	Billings, MT 59108				INSURER E :						
	•				INSURER F:						
CC	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RES ED HEREIN IS SUBJEC	PECT T	O WHICH THIS	
INSF LTR	INSR LTR TYPE OF INSURANCE			SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY				3/13/2019		3/13/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			BLA56559041		3/13/2019		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per persor) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	nt) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH ER	-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		033943721		4/27/2019	4/27/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOY	EE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IT \$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	O 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Painters, Inc. P.O. Box 80890 Billings, MT 59108						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	.g., 2					RIZED REPRESE	Veau				