<u>AC</u>	ORD	CER	TIFICA	TE ()F L	IABILITY I	INSUR	ANCE			DATE:	
DOE INSU	S NOT AFF	IRMATIVEL DES NOT C	Y OR NEGATI\	VELY AN	MEND, E	MATION ONLY AND (EXTEND OR ALTER T TWEEN THE ISSUIN	THE COVERAG	GE AFFORDED	BY THE POLIC	IES BELOW. THIS C	ERTIFICATE OF	
						o, the policy(ies) must be e does not confer rights t					ons of the policy, certain	
PRODUCER							CONTACT NAME:					
INSURANCE COMPANY INSURED NAME OF VENDOR							PHONE:				FAX:	
							(A/C, No, Ext):				(A/C, No):	
							EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC#	
							INCURED A	Travelers)	NGE	12345	
							INSURER A:	l lavelets			12343	
							INSURER C: INSURER D: INSURER E:					
							INSURER F.					
	VERAGES	15\/ TUAT TU	CERTIFICATE				TANGOUED TO T	THE INCLUDED NA	REVISION NUM		D INDIOATED	
NOT MAY	WITHSTAND PERTAIN, TI	ING ANY REC HE INSURAN	QUIREMENT, TEI	RM OR C BY THE F	CONDITIC	DESCRIBED HEREIN	OR OTHER DO	DCUMENT WITH I	RESPECT TO WH	HICH THIS CERTIFICA	TE MAY BE ISSUED OR	
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS				
	X COMMER	X COMMERCIAL GENERAL LIABILITY			VVVD			, ,	EACH OCCURRENCE \$		\$ 1,000,000	
Α	CLAIMS MADE X OCCUR								DAMAGE TO RENTED PREMISED(Ea occurr) \$		\$ 1,000,000	
			V	V	1100147004	4/4/0040	4/4/2020	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$		\$ 10,000		
	GEN'L AGGREGATE LIMIT APPLIES PER. X POLICY PRO- JECT LOC			X	X	X H92J47221	1/1/2019	1/1/2020	GENERAL AGGREGATE \$		\$ 1,000,000 \$ 2,000,000	
									PRODUCTS - COMP		\$ 2,000,000	
	OTHER											
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS		X	X	LDF18729	1/1/2019		COMBINED SINGLE BODILY INJURY	LIMIT (Ea accident) (Per Person)	\$ 1,000,000 \$		
							1/1/2020	BODILY INJURY	(Per Accident)	<u> </u>		
		NON-OWNED		^	^	LDI 10729	1/1/2019	1/1/2020	PROPERTY DAMAG	, ,	•	
	HIRED AUTOS AUTOS							THOI EITH DAWN	L (For accident)	•		
В	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE			X	×	JMEJ372	4/15/2019		EACH OCCURRENC	E	\$ 5,000,000	
								4/15/2020	AGGREGATE \$		\$ 5,000,000	
	DED DED	RETEN							PER	OTHER	\$	
_	EMPLOYERS'	LIABILITY							STATUTE			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	X	Must show	2/1/2019	2/1/2020	E.L. EACH ACCIDEN E.L. DISEASE - EA E		\$ 1,000,000 \$ 1,000,000	
						coverage	2/1/2010	2/1/2020	E.L. DISEASE - POLICY LIMIT \$		\$ 1,000,000	
	OTHER	OF OF EIVATION	O Delow	1								
С						1						
						emarks Schedule, may be attach	hed if more space is re	equired)				
						NGUAGE HERE						
	•			_		nt Trust, BPREP 1801 (espective affiliates, sha						
	_	•				espective successors		more (meraumg		inderey, partitione (intere	iding partitors or	
CER	TIFICATE HO	LDER						CANCELLATION				
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
			HOLDER DET		ERE			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
			Street Owner	, LLC			4	ACCORDANCE WITH THE POLICY PROVISIONS.				
	Investmer						Ā	AUTHORIZED REPRESENTATIVE				
	1 Californi ver, CO 80		Juile 200									
_ 011	, 00 00						_					