

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2016

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).

this certificate does not confer rights	to the	cert	ificate holder in lieu of s	uch end	dorsement(s).		ment. A	statement on		
PRODUCER UNITEL					1	UNITEL	TEAM	,			
1128 Lincoln Mall Suite 200				PHONE (A/C, No E-MAIL), Ext): 4	4 <u>02-434-7255</u>	(A)C	(), No):	402-434-7272		
Lincoln, NE 68508				ADDRES				-	NAIC#		
						INSURER(S) AFFORDING COVERAGE NAI INSURER A: National Farmers Union P&C					
INSURED				INSURER B: Hartford Insurance Company							
Central Utah Telephone, Inc.					INSURER C :						
PO Box 7 Fairview UT 84629					INSURER D:						
Fall view O1 64629					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 33056315					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.											
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
✓ COMMERCIAL GENERAL LIABILITY			1RU0475816		11/1/2016	11/1/2017	EACH OCCURRENCE	s	1,000,000		
A CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	2,000,000		
							MED EXP (Any one person	1	5,000		
							PERSONAL & ADV INJUI	RY \$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	NONE		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000		
OTHER:								\$	· -		
AUTOMOBILE LIABILITY			1RU0475816		11/1/2016	11/1/2017	COMBINED SINGLE LIM (Ea accident)		1,000,000		
A ANY AUTO							BODILY INJURY (Per per	_			
✓ OWNED SCHEDULED AUTOS							BODILY INJURY (Per acc				
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	S			
	<u> </u>							\$			
UMBRELLA LIAB ✓ OCCUR			1CB0475817		11/1/2016	11/1/2017	EACH OCCURRENCE	\$	20,000,000		
A EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	20,000,000		
DED V RETENTION \$ 10,000	-		91WEAA1177		7/1/2016	7/1/2017	I I PER I I C	STH-			
R AND EMPLOYERS' LIABILITY Y/N			SIVVEAATITT		11 112010	11112011			500,000		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	500,000		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL		500,000 500,000		
DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY	LIMIT S	500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORD) 101, Additional Remarks Schedu	le, may be	e attached if mor	e space is requir	ed)	·			
			• · · · · · · · · · · · · · · · · · · ·								
CERTIFICATE HOLDER				CANCELLATION							
City of South Jordan 1600 W. Towne Center Drive South Jordan UT 84095					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
South Jordan OT 64090			AUTHORIZED REPRESENTATIVE								
					RStoakes						
				(LIN) Ric Stoakes							

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