AMERLEG-01

REILLY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2022

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.

PRODUCER Stockman Insurance, Inc.									CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No, Ext): FAX (A/C, No):				
								E-MAIL ADDRESS:					
								INSURER(S) AFFORDING COVERAGE				NAIC#	
3									INSURER A:				
INSURED									INSURER B:				
								INSURER C:					
								INSURER D:					
								INSURER E : INSURER F :				-	
201/5	ERAGE			CER	TIEI	^ A TE	NUMBER:	REVISION NUMBER:					
THIS INDI CER EXC	S IS TO	CERTIFY NOTWI	THS	HAT THE POLICI TANDING ANY F SSUED OR MAY	ES O REQUI PER POLI	F INS REME TAIN, CIES.	URANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RE	Y CONTRACTHE POLICI DUCED BY	TO THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TO V	WHICH THIS
NSR TR		TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	0	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	1 000 000
A		COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$	1,000,000
\vdash	\perp	CLAIMS-MADE X OCCUR			X	1	XXXXXXX		5/15/2021	5/15/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
-	_										MED EXP (Any one person)	\$	1,000,000
-											PERSONAL & ADV INJURY	\$	2,000,000
C	100000000000000000000000000000000000000	EN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000
-		POLICY PRO-									PRODUCTS - COMP/OP AGG	\$	
В	OTHER: AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT	\$	1,000,000
	ANY AUTO					xxxxxxx	1	10/22/2021	4/22/2022	(Ea accident) BODILY INJURY (Per person)	\$		
-	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY					7000000				BODILY INJURY (Per person)	\$		
										PROPERTY DAMAGE (Per accident)	s		
	7010	JS ONL!		AUTOS ONET								\$	
	UMB	RELLA LIAB	3	OCCUR	1						EACH OCCURRENCE	\$	
	EXC	EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$		
	DED RETENTION\$										\$		
lelena	a is/are	included	as A	Additional Insure	d who	ere re	101, Additional Remarks Schedu quired by written contract quired by written contract with	t with res	pect to Gen	eral Liability.			
								CANO	TI LATION		el .		
CERTIFICATE HOLDER									CANCELLATION				
		City of H		na				SHOU THE ACCO	LD ANY OF EXPIRATION RDANCE WI	THE ABOVE D N DATE TH TH THE POLIC	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.	ANCELL BE DEL	ED BEFORE IVERED IN
Helena, MT 59623													