

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) [MM/DD/YYYY ]

Produce's Office Information	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL' SURA ND TI	Y OR NCE E HE CEI	NEGATIVELY AMEND, DOES NOT CONSTITUT RTIFICATE HOLDER.	EXTEND OR ALT E A CONTRACT	ER THE CO BETWEEN 1	VERAGE AFFORDED BY THE ISSUING INSURER(S	′ THE 6), AU <sup>-</sup>	POLICIES THORIZED	
PRODUCER	If SUBROGATION IS WAIVED, subject	to th	ne term	ns and conditions of the	e policy, certain p	olicies may				
Producer's Office Information	PRODUCER	CONTACT [Producer's Contact Information]								
Produce's Office Information		PHONE FAX								
INSURE IN ALL         INSURE INFORMATION OF THE INFORMATI	[Producer's Office Inform	F-MAIL								
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THIS IT O CERTRY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD         INDIGATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OF CONDITION OF ANY CONTRACT OR OTHER DOLLARS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES. DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.         INTER OF INSURANCE       Y       Y       POLICY NUMBER       INVESTIGATION OF CONTRACT ON THE TERMS OF THE POLICY NUMBER         INTER OF INSURANCE       X COMPACTION OF THE ADDITION										
TR     TYPE OF NORDANCE     INSU WOD     POLICY NUMBER     IMMODYYYY     IMMODYYYY     ILMITS       A     COMERCIAL CENERAL LIABILITY     Y     Y     (Policy Number)     XX XX XXXXX     XX XX XXXXXX     XX XX XXXXXX     XX XX XXXXXX     XX XX XXXXXX     XX XX XXXXXXX     XX XX XXXXXXX     XX XX XXXXXXX     XX XX XXXXXXX     XX XX XXXXXXXX     XX XX XXXXXXXX     XX XX XXXXXXXX     XX XX XXXXXXXXXX     XX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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.									
A       X       COMMERCIAL CEMERAL LABILITY       Y       Y       Y       (Policy Number)       XX.XX.XXXX       EACH OCCUMENCE SIDE SIDE COMMENCE       \$100000         GENTLAGGEGATE LIMIT APPLIES PER.       POLICY       Y       Y       (Policy Number)       XX.XX.XXXX       EACH OCCUMENCE OF ENTIONE       \$100000         A ATTOMOBILE LABILITY       Y       Y       (Policy Number)       XX.XX.XXXXX       EACH OCCUMENCE COMPLEX       \$2.000,000         A ATTOMOBILE LABILITY       Y       Y       (Policy Number)       XX.XX.XXXXX       EACH OCCUMENCE COMPLEX       \$2.000,000         A ATTOMOBILE LABILITY       Y       Y       (Policy Number)       XX.XX.XXXXXX       EACH OCCUMENCE COMPLEX       \$2.000,000         A ATTOS ONLY       ANTOS ONLY       ANTOS ONLY       Y       Y       (Policy Number)       XX.XX.XXXXX       EACH OCCUMENCE SIDE COMPLEX         A A UBRELLALAL       CALUBS-MARCE       Y       Y       (Policy Number)       XX.XX.XXXXX       EACH OCCUMENCE SIDE COMPLEX       S         A A UBRELLABILITY       Y       Y       (Policy Number)       XX.XX.XXXXX       EACH OCCUMENCE SIDE COMPLEX       S         A ADD COMPRENATIONS       CALUBSE CALUB       CALUBSE COMPLICATIONS       S       S       S         A MORESE CALUE	INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
MED EXP (Any one person)       \$ 1,000         GENEL AGOREGATE LIMIT APPLIES PER:       POLOY       Stool         POLOY       MED EXP (Any one person)       \$ 1,000,000         GENERAL AGOREGATE LIMIT APPLIES PER:       POLOY       Stool         POLOY       MED EXP (Any one person)       \$ 1,000,000         GENERAL AGOREGATE SEQUODOD       S         A MTOMOBILE LIABILITY       Y       Y         A MTOROBILE LIABILITY       Y       Y         A MORE COLUME AGORE       S 1,000,000         BOORY INNEW: (Per person)       S         BOORY INNEW: (Per acodemit)       S         A WORKERSATION       S         A MORE COLUME AGON       S         A MORE COLUME	A X COMMERCIAL GENERAL LIABILITY	Y	Y	[Policy Number]	XX /XX /XXXX	XX /XX /XXXX	DAMAGE TO RENTED			
A       V       UMBRELLA LAB       X       OCCURE       Y       Y         A       V       UMBRELLA LAB       X       OCCURE       S       S         A       V       UMBRELLA LAB       Y       Y       (Policy Number)       XX /XX /XX /XX /XX /XX /XX /XX /XX /XX								\$ 1.000		
Gent AdgRegate LMT APPLIES PER.       POLICY       Stock       Stock         POLICY       Stock       Loc       PRODUCTS - COMPORAGC       \$2,000,000         A       ALTOSONLE LABILITY       Y       Y       Policy Numberi       XX /XX /XXX       XX /XX /XXX       Stock         A AUTOMOBILE LABILITY       Y       Y       Policy Numberi       XX /XX /XXX       XX /XX /XXX       Stock       BOOLY /NUMPY Per accident)       S         A AUTOS ONLY       AUTOS ONLY       ScheDuleD       AUTOS ONLY       AUTOS ONLY       S       S       S         A X       UMBRELLALIAB       X /X /XX /XXX       XX /XX /XXXX       XX /XX /XXX /XX /XX /XX /XX /XX /XX /XX									00	
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A AUTOMOGREL LABILITY     Y     Y     Y     (Policy Number)     XX /XX /XX /XX /XX /XX /XX /XX /XX										
A       AUTOMOBILE LABILITY       Y       Y       [Policy Number]       XX /XX /XXXX       XX /XX /XXXXX       XX /XX /XXXXX       XX /XX /XXXXX       S0:0000         BODILY INLUPY (Per person)       \$       SCHEDULED       AUTOS ONLY       AUTOS ONLY       SCHEDULED       SCHEDULED         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       SCHEDULED       S         A       X       UMBRELIA LIAB       X       OCCUR       Y       Y       [Policy Number]       XX /XX /XXXX       XX /XX /XXXX       XX /XX /XXXX       XX /XX /XXXXX       XX /XX /XXXXX       XX /XX /XXXXX       XX /XX /XXXX       XX /XX /XXX /XX /XXXXX       XX /XX /XXX /XXX /XXX /XX /XXX /XX /XXXX       XX /XX /XXX /XXX /XX /XXX /XX /XXX /XX										
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A HUED ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S         A       X       UMBRELLA LIAB       X       OCCUR       Y       Y       [Policy Number]       XX /XX /XXXX       EACH OCCURRENCE       \$1,000,000         A       X       UMBRELLA LIAB       X       OCCUR       Y       Y       [Policy Number]       XX /XX /XXXX       EACH OCCURRENCE       \$1,000,000         A       X       Dem       RETENTION S       S       S       S       S         A       MORRENE COMPERSATION       S	OWNED SCHEDULED									
AUTOS UNLY       Autos UNLY <td>HIRED NON-OWNED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE</td> <td>-</td> <td></td>	HIRED NON-OWNED						PROPERTY DAMAGE	-		
A       X       UMBRELLA LIAB       X       OCCUR       Y       Y       [Policy Number]       XX /XX /XXX       XX /XX /XXXX       EACH OCCURRENCE       \$ 1,000,000         A       A       DED       RETENTION S       S       A         A       DeD       RETENTION S       S       S       A         A       DeD       RETENTION S       S       S       A         A       DeD       RETENTION S       IV/IN       IV/IN       S       S         A       WORKERS COMPENSATION AND EMPLOYEES LUBULTY MANDEMPERVEXECUTVE       IV/IN	AUTOS ONLY AUTOS ONLY						(Per accident)	-		
Excess Lab       CLUMS-MADE       Y       Y         X       DED       RETENTION \$       AGGREGATE       \$ 1,000,000         AGGREGATE       S       S       AGGREGATE       \$ 1,000,000         AND EMPLOYERS LABULTY       Y       Y       Reference       S         AND EMPLOYERS LABULTY       Y       Y       Reference       S         AND EMPLOYERS LABULTY       Y       Y       Reference       S         AMORRERS COMPRESSION       NAND EMPLOYERS' LABULTY       Y       Y       Reference         AMORRERS COMPRESSION       NAND EMPLOYERS' LABULTY       Y       Y       Reference       S         AMORRERS COMPRESSION       N/A       Y       Y       Reference       S       S         Vision INFID       Y       N/A       Y       Reference       S       S         Vision INFID       Vision INFID       N/A       Y       Reference       S       Reference         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT \$ 1,000,000       E.L. DISEASE - POLICY LIMIT \$ 1,000,000         Certificate Holder       Is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto				[Policy Number]				-	00	
X       DED       RETENTION is       induction         A       MORKERS COMPENSATION AND EMPCOPRES LUBITY AND EMPCOPRES LUBITY       IPolicy Number!       XX XX XXXXXX       X       STATUTE       ETH- EL. EACH ACCIDENT         Y // N       N/A       Y       IPolicy Number!       XX XX XXXXXX       X       STATUTE       ETH- EL. EACH ACCIDENT         PERCENTRATION S / DOCUMENT       N //A       Y       IPolicy Number!       XX XX XXXXXX       X       STATUTE       STATUTE <t< td=""><td></td><td>Y</td><td>Υ</td><td>[, oney reamber]</td><td></td><td>***</td><td></td><td></td><td></td></t<>		Y	Υ	[, oney reamber]		***				
A       WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYROPRICTORPARTNERVEXECUTIVE (Wandadory in Mi) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       XX /XX /XXX X       XX STATUTE       EL. EACH ACCIDENT       \$1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       EL. DISEASE - POLICY LIMIT       \$1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       EL. DISEASE - POLICY LIMIT       \$1,000,000         Certificate Holder is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto Liability, and Umbrella Liability, ncluding on-going and completed operations, when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement and where allowed by State Law.         CERTIFICATE HOLDER       CANCELLATION         CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc. 100000 S Dransfeldt Rd., Suite 100 Parker, CO 80134       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       Authorized Representative									00	
AND Land Control Link Link       Y       N/A       Y         AND FOR CONSTRUCTION AND LOCATIONS       N/A       Y       EL. EACH ACCIDENT       \$1,000,000         EL. DISEASE - EA EMPLOYEE       \$1,000,000       EL. DISEASE - EA EMPLOYEE       \$1,000,000         University of the under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       EL. DISEASE - POLICY LIMIT       \$1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate Holder is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto Liability, and Umbrella Liability, and Where allowed by State Law. (ADDITIONAL INSURED, WAIVER OF SUBROGATION AND NOC ENDORSEMENTS MUST BE ATTACHED)         CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       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       AUTHORIZED REPRESENTATIVE <td></td> <td></td> <td></td> <td>[Policy Number]</td> <td></td> <td></td> <td></td> <td>Þ</td> <td></td>				[Policy Number]				Þ		
OFFICERMEMBER EXCLUDED?       N       N       N       V <td>AND EMPLOYERS' LIABILITY Y / N</td> <td></td> <td></td> <td>[roney runnber]</td> <td></td> <td>~~/~~/~~~~</td> <td></td> <td>1 000 0</td> <td>~~~</td>	AND EMPLOYERS' LIABILITY Y / N			[roney runnber]		~~/~~/~~~~		1 000 0	~~~	
If yes, describe under       EL. DISEASE - POLICY LIMIT       \$ 1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       EL. DISEASE - POLICY LIMIT       \$ 1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Certificate Holder is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto Liability, and Umbrella Liability, Including on-Going and completed operations, when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement and where allowed by State Law. (ADDITIONAL INSURED, WAIVER OF SUBROGATION AND NOC ENDORSEMENTS MUST BE ATTACHED)         CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACORDANCE WITH THE POLICY PROVISIONS.       Authorized representative         Parker, CO 80134       Authorized Representative       Authorized Representative	OFFICER/MEMBEREXCLUDED?	N / A	Y							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Certificate Holder is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto Liability, and Umbrella Liability, neduding on-going and completed operations, when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement and where allowed by State Law. (ADDITIONAL INSURED, WAIVER OF SUBROGATION AND NOC ENDORSEMENTS MUST BE ATTACHED)         CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Parker, CO 80134       Authorized REPRESENTATIVE	If yes, describe under									
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Certificate Holder is named as Additional Insured on a Primary and Non-Contributory Basis with respects to General Liability, Auto Liability, and Umbrella Liability, ncluding on-going and completed operations, when required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement and where allowed by State Law. (ADDITIONAL INSURED, WAIVER OF SUBROGATION AND NOC ENDORSEMENTS MUST BE ATTACHED)         CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Parker, CO 80134       AUTHORIZED REPRESENTATIVE										
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CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.         Parker, CO 80134       authorized representative										
CERTIFICATE HOLDER       CANCELLATION         E.T. Technologies, Inc.       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         10000 S Dransfeldt Rd., Suite 100       HE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Parker, CO 80134       AUTHORIZED REPRESENTATIVE						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
E.T. Technologies, Inc. 10000 S Dransfeldt Rd., Suite 100 Parker, CO 80134 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										
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E.T. Technologies, Inc.       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         10000 S Dransfeldt Rd., Suite 100       Authorized Representative         Parker, CO 80134       Authorized Representative										
Parker, CO 80134		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
	-			ł	AUTHORIZED REPRESENTATIVE					
[Authorized Signature]					AUTHURIZED REPRESE					
						[Author	rized Signature]			
						© 1988-2015 ACORD CORPORATION. All rights reserved.				