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CERTIFICATE OF LIABILITY INSURANCE

Template Dates

4/4/2017 - 4/1/2018

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 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)

Producer Olson & Olson Ltd 5655 S Yosemite Street #200 Greenwood Village, CO 80111 Insured Workforce Staffing, Inc. 1207 S Lipan St Denver CO 80223	CONTACT NAME: PHONE: (A/C, No, Ext): 303-867-2055 EMAIL: ADDRESS: 02@olsonandolson.com PRODUCER CUSTOMER ID: WORKF-1 INSURER(S) AFFORDING COVERAGE <table border="0"> <tr> <td>INSURER A: Zurich American Insurance Co</td> <td>16535</td> </tr> <tr> <td>INSURER B: Pinnacle Assurance</td> <td>41190</td> </tr> <tr> <td>INSURER C: American Guar & Liab Ins Co</td> <td>26247</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Zurich American Insurance Co	16535	INSURER B: Pinnacle Assurance	41190	INSURER C: American Guar & Liab Ins Co	26247	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: New 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 INSR	SUBR WVD	POLICY NUMBER	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Gen Gen Liab <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Hired & Non- Owned Auto Gen Agg Lmt Applies Per <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Location	N		PRA0093421	4/1/2017	4/1/2018	<table border="0"> <tr><td>Each Occurrence</td><td>1,000,000</td></tr> <tr><td>Damage to Rented Premises (Ea Occurrence)</td><td>100,000</td></tr> <tr><td>Med Exp (any one person)</td><td>10,000</td></tr> <tr><td>Personal & Adv Injury</td><td>1,000,000</td></tr> <tr><td>General Aggregate</td><td>2,000,000</td></tr> <tr><td>Products-Comp/OP Agg</td><td>2,000,000</td></tr> </table>	Each Occurrence	1,000,000	Damage to Rented Premises (Ea Occurrence)	100,000	Med Exp (any one person)	10,000	Personal & Adv Injury	1,000,000	General Aggregate	2,000,000	Products-Comp/OP Agg	2,000,000
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General Aggregate	2,000,000																		
Products-Comp/OP Agg	2,000,000																		
C	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos			BAP0091864	4/1/2017	4/1/2018	<table border="0"> <tr><td>Combined Single Limit (Ea accident)</td><td>1,000,000</td></tr> <tr><td>Body Injury (Per person)</td><td></td></tr> <tr><td>Body Injury (Per accident)</td><td></td></tr> <tr><td>Property Damage (Per accident)</td><td></td></tr> </table>	Combined Single Limit (Ea accident)	1,000,000	Body Injury (Per person)		Body Injury (Per accident)		Property Damage (Per accident)					
Combined Single Limit (Ea accident)	1,000,000																		
Body Injury (Per person)																			
Body Injury (Per accident)																			
Property Damage (Per accident)																			
C	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Liab <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Excess Liab <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input checked="" type="checkbox"/> Retention 0			UMB6513840	4/1/2017	4/1/2018	<table border="0"> <tr><td>Each Occurrence</td><td>1,000,000</td></tr> <tr><td>Aggregate</td><td>1,000,000</td></tr> </table>	Each Occurrence	1,000,000	Aggregate	1,000,000								
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Any Proprietor/Partner/Executive Officer/Member Excluded? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below OTHER	N/A		4147290	4/1/2017	4/1/2018	<table border="0"> <tr> <td><input checked="" type="checkbox"/> W/C Statutory Limits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> <tr><td>E.L. Each Accident</td><td></td><td>1,000,000</td></tr> <tr><td>E.L. Disease Ea Employee</td><td></td><td>1,000,000</td></tr> <tr><td>E.L. Disease Ea Policy Limit</td><td></td><td>1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> W/C Statutory Limits	<input type="checkbox"/> Other		E.L. Each Accident		1,000,000	E.L. Disease Ea Employee		1,000,000	E.L. Disease Ea Policy Limit		1,000,000
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 Agency Specific Portion

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

Darrell C.R. Olson

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