

CERTIFICATE OF LIABILITY INSURANCE

CWIESE

DATE (MM/DD/YYYY) 8/16/2023

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.

If	SUI	RTANT: If the certificate holder BROGATION IS WAIVED, subject Prificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡	oolicies may				
PRODUCER Missoula Office							CONTACT NAME: PHONE (A/C, No, Ext): (406) 721-1000 FAX (A/C, No): (406) 721-9230					
PayneWest Insurance, a Marsh McLennan Agency LLC Company P.O. Box 4386 Missoula, MT 59808						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A: Cincinnati Specialty Underwriters Ins Co				13037	
INSURED							INSURER B: Cincinnati Insurance Company				10677	
A & B Construction Co A&B Roofing Co 10915 Hwy 93 S Lolo, MT 59847						INSURER C: Montana State Fund				15819		
						INSURER D:						
						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							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.											WHICH THIS	
INSR LTR		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS					
Α	Х	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR CSU0168529				5/12/2023	5/12/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
									MED EXP (Any one person)	\$	1,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
_			1	1	I .				COMPINED CINICIE LIMIT	1	4 000 000	

1,000,000 **AUTOMOBILE LIABILITY** 5/12/2024 ANY AUTO EBA 0614997 5/12/2023 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 1,000,000 Α X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** CSU0168530 5/12/2024 5/12/2023 Χ **EXCESS LIAB CLAIMS-MADE** AGGREGATE 2,000,000 Aggregate DED RETENTION \$ X PER STATUTE OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 033159906 8/1/2022 8/1/2023 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Commercial Umbrella ENP 0614997 5/12/2023 5/12/2024 **Excess Liability** 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For Informational Purposes

CERTIFICATE HOLDER	CANCELLATION
A&B Construction Co. A&B Roofing Co 10915 Hwy 93 S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lolo, MT 59847	AUTHORIZED REPRESENTATIVE
	C. Wilse