

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/25/2021

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).										
PRODUCER	cate fiolder in neu of such	CONTAC	ONTACT Jane Johnson							
Black Hills Insurance Agency, Inc.					NAME: PHONE (605) 242 5555 FAX (605) 242 7001					
820 St. Joseph					E-MAIL ianoichean@blackhillsagoney.com					
PO Box 3330					ADDRESS: Janejoinison & Diackinisagency.com INSURER(S) AFFORDING COVERAGE NAIC #					
Rapid City SD 57709					INSURER A : Technology Insurance Company, Inc.					
INSURED					INSURER B :					
Dakota West, Inc.					INSURER C :					
PO Box 9304					INSURER D :					
					INSURER E :					
Rapid City SD 57709					INSURER F :					
COVERAGES CERTIFICATE NUMBER: CL216252110										
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	ADDL		POLICY NUMBER	INCEDED	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
LTR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD			(אזזז/שט/אוואו)	(MM/DD/YYYY)	-	\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED	<u>پ</u> \$		
								<u>پ</u> \$		
								\$		
GEN'L AGGREGATE LIMIT APPLIES PER:								\$		
PRO-								φ \$		
OTHER:								\$		
							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO								\$		
							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE								\$ \$		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	*		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE				06/28/2021	00/00/0000	E.L. EACH ACCIDENT	\$ 1,00	0,000		
A OFFICER/MEMBER EXCLUDED?	N/A		TARSD101525502		00/20/2021	06/28/2022		1 000 000		
If yes, describe under DESCRIPTION OF OPERATIONS below								, 1,00	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more s	pace is required)				
CERTIFICATE HOLDER					CANCELLATION					
To show proof of coverage					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHOR	RIZED REPRESE		-			
					Amintmagine					

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