

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/21/2022

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. 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 Alliance Insurance Agency, LLC 7910 Ralston Rd, Ste 7 Arvada, CO 80002	CONTACT NAME: PHONE (A/C, No, Ext): (303) 279-9700	FAX (A/C, No): (303) 279-5088	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Anchors Aweigh Relocation Services LLC 3600 S Pierce St 2-103 Lakewood, CO 80235	INSURER A : Scottsdale		41297
	INSURER B : Pinnacol Assurance		41190
	INSURER C :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPS7672472	10/14/2022	10/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$
									\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	104734686D	10/21/2022	10/21/2023	AGGREGATE	\$	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	X	4240165	10/15/2022	E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

To name as Additional Insured: Cascades Owner LLC and ACP of Colorado LLC. and its affiliates, subsidiaries, successors, director, officers, employees and agents., 6300 S. Syracuse Way, Suite 105, Centennial, Colorado 80111. This insurance is primary and non-contributory.

CERTIFICATE HOLDER**CANCELLATION**

Cascades Owner LLC, ACP of Colorado LLC 6300 S Syracuse Way Centennial, CO 80111	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 

From: Kamen, Dylan
Sent: Mon, 17 Oct 2022 18:17:08 +0000
To: ken.w@allinsgrp.com
Cc: derek.f@allinsgrp.com
Subject: RE: [EXTERNAL] Anchors Aweigh Relocation Services, LLC

Hey Ken,

Policy number: CPS7672472

Binder and invoice to follow still. Thanks!

Dylan Kamen

Underwriter | Commercial Department

Direct Dial: 818.330.6830

Cell: 970.368.2220

Fax: 818.249.1166

2550 N Hollywood Way #501, Burbank, CA 91505

Email: dylank@monarchexcess.com | Website www.MonarchExcess.com



To help us serve you better, please send all new submissions to submissions@monarchexcess.com and loss run requests to monarchlossruns@monarchexcess.com.

From: ken.w@allinsgrp.com
Sent: 10/14/2022 4:44:12 PM
To: dylank@monarchexcess.com
Cc: derek.f@allinsgrp.com
Subject: [EXTERNAL] Anchors Aweigh Relocation Services, LLC

Dylan,

Please bind coverage effective today 10-14-22 for the above-named insured's GL policy with Scottsdale. See attached new business documents if you need anything else let me know....Ken

Kenneth D. Wood
Client Executive

ken.w@allinsgrp.com

Direct: 720-836-3419

Cell: 720-284-8771

Fax: 303-279-5088



Insurance | Payroll | Benefits | HR | Financing

Address: 7910 Ralston Road, Suite 7, Arvada, CO 80002

Website: www.allinsgrp.com



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