# AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

**AgendaTitle:**
Memorandum of Agreement; Crested Butte/Mt. Crested Butte Bartenders and Servers Association; Late Night Taxi Service; 1/1/15 thru 12/31/15; $2,500

**Action Requested:** Board of County Commissioners' Signature

**Parties to the Agreement:**

**Term Begins:** **Term Ends:** **Grant Contract #:**

**Summary:**
Attached is the annual service agreement for the CB / Mt. CB Bartender's Association.

**Fiscal Impact:** $2,500

**Submitted by:** Katherine Haase **Submitter's Email Address:** khaase@gunnisoncounty.org

**Finance Review:** (●) Required ( ) Not Required

Comments:

Included in the 2015 budget

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/7/2015

**County Attorney Review:** (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 1/8/2015

Certificate of Insurance Required

Yes (●) No ( )

**County Manager Review:**

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 1/8/2015

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 2/3/2015 Follow Up Agenda Date:

*Revised April 2013*

# MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("MOA") made effective the 1st day of January, 2015, is by and between the Board of County Commissioners of the County of Gunnison, Colorado, whose address is 200 East Virginia, Gunnison, CO 81230 ("Gunnison County") and Crested Butte/Mt. Crested Butte Bartenders and Servers Association ("CB/MTCB Bartenders and Servers Association").

## RECITALS

WHEREAS, CB/MTCB Bartenders and Servers Association has requested assistance from Gunnison County in financing a portion of the cost to operate the Late Night Taxi Service; and

WHEREAS, Gunnison County is supportive of the objectives of CB/MTCB Bartenders and Servers Association in terms of assisting those in need of services in Gunnison County; and

WHEREAS, Gunnison County feels it is in the public's interest to provide financial assistance to CB/MTCB Bartenders and Servers Association.

## AGREEMENT

NOW THEREFORE, in consideration of the Recitals and the mutual covenants and obligations hereinafter set forth, the parties agree as follows:

1. TERM.

The term of this Agreement shall commence on the1st day of January, 2015 and shall terminate on December 31, 2015, unless sooner terminated or replaced as provided herein.

2. COMPENSATION, BONUS AND EXPENSES.

(a) Gunnison County agrees to provide $2,500 in funds to CB/MTCB Bartenders and Servers Association. It is understood and recognized that these funds must be used for a portion of the cost to operate the Late Night Taxi Service.

(b) The quarterly payments will be distributed by the County upon submittal of appropriate documentation, although such requests for payments and presentation of documentation do not need to occur quarterly.

(c) This Agreement is subject to Gunnison County making an annual budget appropriation in an amount sufficient to fund this Agreement. If Gunnison County fails or refuses to make such an appropriation, Gunnison County reserves the right to terminate this Agreement without penalty to CB/MTCB Bartenders and Servers Association pursuant to paragraph 11 of this Agreement.

(d) Gunnison County reserves the right to amend this agreement to reduce the contribution stated herein if the 2014 Gunnison County audit should result in a significantly lower fund balance than projected.

3. STRATEGIC RESULT.

Execution of this MOA will assist Gunnison County with its Promote Healthy Communities strategy, as outlined in the Gunnison County Strategic Plan. CB/MTCB Bartenders and Servers Association agrees to submit a final written project report by October 1, 2015 that will include performance metrics (i.e., number of clients served, result percentages, etc.) and other pertinent information. The County's receipt of this final project report by the October 1, 2015 deadline will serve as a condition for future funding eligibility.

4. INDEMNIFICATION.

(a) CB/MTCB Bartenders and Servers Association agrees to indemnify, defend and hold harmless Gunnison County, its Commissioners, agents and employees of and from any and all liability, claims, liens, demands, actions and causes of action whatsoever (including reasonable attorney's and expert's fees and costs) arising out of or related to any loss, cost, damage or injury, including death, of any person or damage to property of any kind caused by the misconduct or negligent acts, errors or omissions of CB/MTCB Bartenders and Servers Association or its employees, sub-contractors or agents in connection with this Agreement.

(b) This provision shall survive any termination or expiration of this Agreement with respect to any liability, injury or damage occurring prior to such termination.

5. INSURANCE.

CB/MTCB Bartenders and Servers Association agrees that at all times during the Term of this Agreement that CB/MTCB Bartenders and Servers Association shall carry and maintain, in full force and effect and at its sole cost and expense, the following minimum insurance policies as required by C.R.S. 40-1.1-106. Within thirty (30) days of the execution of this Agreement, CB/MTCB Bartenders and Servers Association will provide insurance certificates to Gunnison County, listing Gunnison County as an additional insured, for the coverage's required herein which shall state that such policies shall not be materially changed or cancelled without thirty (30) days prior notice to Gunnison County.

(a) Worker's Compensation Insurance in accordance with Colorado and Federal law which adequately protects all labor employed by Safe Ride during the term of this Agreement.

(b) Comprehensive automobile liability insurance on all vehicles used in the Services, in an amount no less than $350,000 for any injury to one person in any single occurrence and in an amount no less than $990,000 for any injury to two or more persons in any single occurrence.

6. INDEPENDENT CONTRACTOR.

(a) In carrying out its obligations and activities under this Agreement, CB/MTCB Bartenders and Servers Association is acting as an independent contractor and not as an agent, partner, joint venture or employee of Gunnison County.

CB/MTCB Bartenders and Servers Association does not have any authority to bind Gunnison County in any manner whatsoever.

(b) CB/MTCB Bartenders and Servers Association acknowledges and agrees that CB/MTCB Bartenders and Servers Association is not entitled to: (i) unemployment insurance benefits; or (ii) Workers Compensation coverage, from Gunnison County. Further, CB/MTCB Bartenders and Servers Association is obligated to pay federal and state income tax on any moneys paid it related to the services.

7. AUTHORITY TO AUDIT RECORDS.

Gunnison County has the authority to audit the CB/MTCB Bartenders and Servers Association's financial records, said audit to be performed by an employee, agent or designee of Gunnison County and at the expense of the CB/MTCB Bartenders and Servers Association, upon seven days' notice to the CB/MTCB Bartenders and Servers Association.

8. DELEGATION AND ASSIGNMENT.

This is a personal services contract with CB/MTCB Bartenders and Servers Association and, therefore, CB/MTCB Bartenders and Servers Association shall not delegate or assign its duties under this Agreement without the prior written consent of Gunnison County which consent Gunnison County may withhold in its discretion. Subject to the foregoing, the terms, covenants and conditions of this Agreement shall be binding on the successors and assigns of either party.

9. IMMIGRATION COMPLIANCE CERTIFICATION.

(a) Crested Butte/Mt. Crested Butte Bartenders and Servers Association certifies that Crested Butte/Mt. Crested Butte Bartenders and Servers Association does not and will not knowingly contract with or employ illegal aliens to work under this Agreement.

(b) Crested Butte/Mt. Crested Butte Bartenders and Servers Association certifies that Crested Butte/Mt. Crested Butte Bartenders and Servers Association has required its subcontractors to certify that they do not knowingly contract with or employ illegal aliens to work under this Agreement.

(c) Crested Butte/Mt. Crested Butte Bartenders and Servers Association certifies that it has attempted to verify the eligibility of its employees and subcontractors to work through the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security.

(d) Crested Butte/Mt. Crested Butte Bartenders and Servers Association agrees to comply with all reasonable requests made in the course of an investigation under C.R.S. 8-17.5-102 by the Colorado Department of Labor and Employment.

(e) Crested Butte/Mt. Crested Butte Bartenders and Servers Association agrees to comply with the provisions of C.R.S. 8-17.5-101 et seq.

10. NOTICES.

Any notice, demand or communication which either party may desire or be required to give to the other party shall be in writing and shall be deemed sufficiently given or rendered if delivered personally or sent by certified first class US mail, postage prepaid, addressed as follows:

Gunnison County: County Manager
Gunnison County
200 E. Virginia
Gunnison, Colorado 81230
Phone: 970-641-0248

With a copy to: Board of County Commissioners
of the County of Gunnison, Colorado
200 E. Virginia
Gunnison, Colorado 81230

CB/MTCB Bartenders and Servers Association:
Crested Butte/Mt. Crested Butte Bartenders and Servers Association
P.O. Box 637
Crested Butte, CO 81224

Either party has the right to designate in writing, served as provided above, a different address to which any notice, demand or communication is to be mailed.

11. TERMINATION.

Either party shall have the right to terminate this Agreement at any time, with or without cause, upon thirty (30) days prior written notice to the other.

12. MISCELLANEOUS.

(a) SEVERABILITY. If any clause or provision of this Agreement shall be held to be invalid in whole or in part, then the remaining clauses and provisions, or portions thereof, shall nevertheless be and remain in full force and effect.

(b) AMENDMENT. No amendment, alteration, modification of or addition to this Agreement shall be valid or binding unless expressed in writing and signed by the parties to be bound thereby.

(c) NO WAIVER OF GOVERNMENTAL IMMUNITY. Nothing in this Agreement is, or shall be construed to be, a waiver, in whole or part, by Gunnison County of governmental immunity provided by the Colorado Governmental Immunity Act or otherwise.

13. ATTORNEYS FEES.

If any party hereto shall bring any suit or action against another for relief, declaratory or otherwise, arising out of this Agreement, the prevailing party shall have and recover against the other party, in addition to all court costs and disbursements, such sum as the court may adjudge to be reasonable attorney's fees and expert witness fees.

14. GOVERNING LAW.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado. Exclusive jurisdiction and venue for any legal proceedings related to this Agreement shall be in the state District Court governing Gunnison, Colorado.

15. ENTIRE AGREEMENT.

This Agreement contains the entire agreement between the parties hereto with respect to the subject matter hereof, and supersedes any and all prior agreements, proposals, negotiations and representations pertaining to the obligations to be performed hereunder.

16. COUNTERPARTS: FACSIMILE TRANSMISSION.

This Agreement may be executed by facsimile and/or in any number of counterparts, any or all of which my contain the signatures of less than all the parties, and all of which shall be construed together as but a single instrument and shall be binding on the parties as though originally executed on one originally executed document. All facsimile counterparts shall be promptly followed with delivery of original executed counterparts.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth above.

BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF GUNNISON, COLORADO

By: _____
Matthew Birnie, County Manager

ATTEST:

_____
Deputy Clerk

CRESTED BUTTE/MT. CRESTED BUTTE
BARTENDERS AND SERVERS ASSOCIATION

By: _____

## Coverage Information for 31205

ESTIMATED PREMIUM

**Location:** Gunnison Soil Conservation Dist
216 N Colorado
Gunnison, CO 81230

**Period:** 01/01/2015 - 01/01/2016

| Class | RT | Description | Emp | Payroll | Rate | Prem Charge |
|---|---|---|---|---|---|---|
| 874205 | EM | OUTSIDE SALESPE | 1.00 | $19,205 | .489000 | $94 |
| 881005 | EM | EXCLUSIVELY OFF | 1.00 | $8,244 | .260800 | $22 |
| 881105 | BD | NON-SALARIED BD | 7.00 | $109,200 | .065200 | $71 |
| **Total for Gunnison Soil Conservation Dist** | | | | $136,649 | | **$187** |

| Description | Period | Adjustment | Amount |
|---|---|---|---|
| Ratable Manual Premium | 01/01/2015 - 01/01/2016 | | $187 |
| Designated Provider Discount | 01/01/2015 - 01/01/2016 | .975 | $5 - |
| Annual Policy Fee | 01/01/2015 - 01/01/2016 | | $195 |
| Terrorism Insurance Coverage | 01/01/2015 - 01/01/2016 | | $14 |
| Catastrophe Insurance Coverage | 01/01/2015 - 01/01/2016 | | $14 |
| Net Estimated Annual Premium | 01/01/2015 - 01/01/2016 | | $405 |

**Policyholder Disclosure Notice of Terrorism and Catastrophe Insurance Coverage**

Coverage for acts of terrorism is included in your policy. Under your existing coverage, any losses resulting from certified acts of terrorism would be partially reimbursed by the United States government. The United States government would pay 85% of our insured losses that exceed our insurer deductible.

Premium for terrorism is calculated on the basis of total payroll. The total Colorado payroll is divided by $100 and multiplied by the approved terrorism rate, $0.01 per $100 of payroll. The calculation is expressed as (Colorado payroll / $100 X Approved Terrorism Rate = Premium). This premium is not subject to any other modification including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

Additionally, all workers' compensation carriers are required to charge premium to cover large losses. Premium for Catastrophe (other than Certified Acts of Terrorism) is calculated on the basis of total payroll. The total Colorado payroll is divided by $100 and multiplied by the approved Catastrophe (other than Certified Acts of Terrorism) rate, $0.01 per $100 of payroll. The calculation is expressed as (Colorado payroll/ $100 X Catastrophe (other than Certified Acts of Terrorism) Value = Premium). This premium is not subject to any other modifications including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

***This Policy Information Page reflects coverage, premium and payroll information as of the date of issuance.***

CORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2014

IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to e terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the rtificate holder in lieu of such endorsement(s).

DUCER

SHRIVER INSURANCE AGENCY
340 W. BUTTERFIELD ROAD #2B
ELMHURST, IL 60126
PHONE: 630-833-0480 FAX: 630-833-0876

CONTACT NAME: MICHAEL MCDANIELS
PHONE (A/C, No, Ext): 630-833-0480 FAX (A/C, No): 630-833-0876
E-MAIL ADDRESS: MICHAEL@SHRIVERINSURANCE.COM

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: OCCIDENTAL FIRE & CASUALTY | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

RED

AEX, INC. DBA: ALPINE EXPRESS
WOODY OR STEWART
P.O. BOX 1250
GUNNISON, CO 81230

VERAGES CERTIFICATE NUMBER: 101597 REVISION NUMBER:

HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| GENERAL LIABILITY | | | CL00189802 | 11/21/14 | 11/21/15 | EACH OCCURRENCE | $ 5,000,000 |
| X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | $ 5,000,000 |
| | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $ |
| POLICY PRO-JECT LOC | | | | | | | $ |
| AUTOMOBILE LIABILITY | | | CA00043026 | 11/21/14 | 11/21/15 | COMBINED SINGLE LIMIT (Ea accident) | $ 5,000,000 |
| ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| ALL OWNED AUTOS / X SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | $ |
| UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| DED / RETENTION $ | | | | | | | $ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS / OTH-ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| PHYSICAL DAMAGE | | | CA00043026 | 11/21/14 | 11/21/15 | $2500. DEDUCTIBLE COMP & COLLISION | |

RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED.

RTIFICATE HOLDER

GUNNISON COUNTY
200 E VIRGINIA
GUNNISON, CO
81230

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.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

CORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2014

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to e terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the rtificate holder in lieu of such endorsement(s).

DUCER

SHRIVER INSURANCE AGENCY
340 W. BUTTERFIELD ROAD #2B
ELMHURST, IL 60126
PHONE: 630-833-0480 FAX: 630-833-0876

CONTACT NAME: MICHAEL MCDANIELS
PHONE (A/C, No, Ext): 630-833-0480 FAX (A/C, No): 630-833-0876
E-MAIL ADDRESS: MICHAEL@SHRIVERINSURANCE.COM

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: OCCIDENTAL FIRE & CASUALTY | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

RED

AEX, INC. DBA: ALPINE EXPRESS
WOODY OR STEWART
P.O. BOX 1250
GUNNISON, CO 81230

VERAGES CERTIFICATE NUMBER: 101598 REVISION NUMBER:

IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| GENERAL LIABILITY | | | CL00189802 | 11/21/14 | 11/21/15 | EACH OCCURRENCE | $ 5,000,000 |
| X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | $ 5,000,000 |
| | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | $ |
| AUTOMOBILE LIABILITY | | | CA00043026 | 11/21/14 | 11/21/15 | COMBINED SINGLE LIMIT (Ea accident) | $ 5,000,000 |
| ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| ALL OWNED AUTOS / X SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | $ |
| UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| DED / RETENTION $ | | | | | | | $ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS / OTH-ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| PHYSICAL DAMAGE | | | CA00043026 | 11/21/14 | 11/21/15 | $2500. DEDUCTIBLE COMP & COLLISION | |

RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED.

RTIFICATE HOLDER

CRESTED BUTTE/ MT CRESTED BUTTE
BARTENDERS AND SERVERS ASSOCIATION
BOX 637
CRESTED BUTTE, CO
81224

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.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



The ACORD name and logo are registered marks of ACORD