

SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain portions may require an endorsement. This certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURER Allied Specialty Insurance, Inc 10451 Gulf Blvd Treasure Island, FL 33706 8002373355	CONTACT NAME: PHONE: (A/C, No, Ext): FAX: (A/C, No): ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

NAIC # 12866

VERAGES 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.

TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		CPP0100735-06	03/23/16	03/23/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per person) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROTECT ☐ LOC OTHER:					
☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRE AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒ Y/N ☐ N/A				PER STATUTE E.I. EACH ACCIDENT \$ E.I. DISEASE - EX-EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ADDITIONAL INSURED: **CAMPBELL COUNTY SCHOOL DISTRICT & ITS EMPLOYEES WITH RESPECTS TO OPERATIONS OF NAMED INSURED ONLY**
DATES: **JUNE 6 - 13, 2016**

CERTIFICATE HOLDER CAMPBELL COUNTY SCHOOL DISTRICT 800 E WARLOW DRIVE GILLETTE WY 82716	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 
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