



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2025

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).

<b>PRODUCER</b> <b>Centennial Insurance Group</b> <b>6901 S Pierce St Ste 233</b> <b>Littleton, CO 80128</b> <b>License #: 125454</b>	<b>CONTACT NAME:</b> Corda Wallot-Jellum <b>PHONE (A/C, No, Ext):</b> 720-962-8700 <b>E-MAIL ADDRESS:</b> cordaJ@centins.com	<b>FAX (A/C, No):</b> 720-962-8800
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Splintered Forest LLC</b> <b>59 W Floyd Ave Ste 208</b> <b>Englewood, CO 80110-2509</b>	<b>INSURER A:</b> <b>Gemini Insurance Company</b>	<b>10833</b>
	<b>INSURER B:</b> <b>Artisan and Truckers Casualty Company</b>	<b>10194</b>
	<b>INSURER C:</b> <b>Pinnacol Assurance</b>	<b>41190</b>
	<b>INSURER D:</b> <b>Westchester Surplus Lines Insurance Company</b>	<b>10172</b>
	<b>INSURER E:</b> <b>RLI Insurance Company</b>	<b>13056</b>
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 00067347-0

REVISION NUMBER: 9

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.

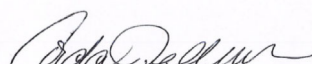
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VCGP034003	05/16/2025	05/16/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			969775460	05/16/2025	05/16/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <b>5,000</b>			VCFX004175	05/16/2025	05/16/2026	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A			4123631	06/01/2025	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	<b>Pollution</b>			G73588017004	10/26/2024	10/26/2025	Each Condition \$ <b>1,000,000</b>
E	<b>Equipment Floater</b>			ILM0719612	05/16/2025	05/16/2026	Per Schedule \$ <b>1,313,989</b>

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

**EVIDENCE OF INSURANCE - Sample.**

Certificate Holder is included as Additional Insured for ongoing operations on General Liability when required by written contract or agreement per Blanket Form CG2010 1219 and for completed operations per Blanket Form CG2037 1219. Coverage for the Additional Insured is primary and non-contributory per Form VE0973 0420. Blanket Waiver of Subrogation applies in favor of the Additional Insured on the General Liability per Form CG2404 1219. Certificate Holder is included as an Automatic Additional Insured, on a primary and non-contributory basis, on the Automobile Liability. Blanket Waiver of Subrogation (continued on ACORD 101 Additional Remarks Schedule)

**CERTIFICATE HOLDER****CANCELLATION**

<b>EVIDENCE OF INSURANCE</b> <b>For Information Only</b>	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  (CJJ)

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