

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) /2018

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 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 floider in fled of such endorsement(s).						
PRODUCER	CONTACT Your agents name					
Your insurance agent's name	PHONE (A/C, No, Ext): ()phone (A/C, No):					
Address	MAIL DDRESS: agent's email					
City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Insurance Company A					
INSURED	INSURER B: Insurance Company B (Work Comp)					
Your company name	INSURER C:					
Address	INSURER D:					
City, State, Zip	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	ADDI INSE	SUBR	POLICY NUMBER	₹	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR				checked Expiration			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
			X	-	must be checked so that Cutting Edge is additional insured.		6/1/2018	MED EXP (Any one person)	\$	10,000	
			`					PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						n date must current at all	GENERAL AGGREGATE	\$	1,000,000
		POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:						Employee Benefits	\$	1,000,000	
	AUT	OMOBILE LIABILITY			policy number	6/1/2017		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
l a	Х	ANY AUTO					г	Make sure al limits match the requirements	BODILY INJURY (Per person)	\$	
**		ALL OWNED SCHEDULED AUTOS					6/1/2017		DDILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNER AUTOS							ROPERTY DAMAGE er aecident)	\$	
									ninsured Motorist	\$	1,000,000
		UMBRELLA LIAB OCCUR						in your	ACH OCCURRENCE	\$	
A		EXCESS LIAB CLAIMS-	IADE					contract.	GREGATE	\$	
		DED RETENTION\$								\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY	V / NI						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	E Y/N						E.L. EACH ACCIDENT	\$	500,000
B (I	(Man	Mandatory in NH)			policy number		6/1/2017	6/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
A											
DESC	RIPT	ION OF OPERATIONS / LOCATIONS /	EHICLES	ACORI	D 101, Additional Remarks Sch	nedule, may b	e attached if mo	ore space is requi	red)		

Certificate Must List Cutting Edge Services LLC as Certificate Holder

CERTIFICATE HOLDER CANCELLATION

Cutting Edge Services LLC 5407 Alworth Street Boise, Idaho 83714

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

your insurance agent's signature

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