

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2024

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							CONTACT Toni Marcroft					
Sun Valley Insurance							PHONE (000) 705 0077 FAX (000) 705 0070					
P.O. Box 5808						(A/C, No, Ext): (208) 725-0977 (A/C, No): (208) 725-0978 E-MAIL ADDRESS: toni@svins.net						
		6666				INSURER(S) AFFORDING COVERAGE NAIC						
Ketchum ID 83340							INSURER A: HDI GLOBAL INSURANCE COMPANY					
INSURED ID 55545							INSURER B:					
		SV Custom Builders Inc				INSURER C :						
		P.O. Box 3233				INSURER D :						
1212333						INSURER E :						
Ketchum ID 83340						INSURER F:						
CO	COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:			
IN C	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	POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) L		LIMIT	AITS		
	X	COMMERCIAL GENERAL LIABILITY	III				,, <u>.</u>	(,	EACH OCCURRENCE	\$ 1,00	00,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
				Υ					MED EXP (Any one person)	\$ 500	0	
Α			Υ		HDI55CL0611358		10/06/24	10/06/25	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
		OTHER:							COMPINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		00,000	
Α	X	ANY AUTO			 				BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED				HDI55CL0611358		10/06/24	10/06/25	BODILY INJURY (Per accident)	\$		
	X	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	~	UMBRELLA LIAB X OCCUP								\$	20.000	
_	X	EXOCOR	V	V	LIDIEECI 06442E0		10/06/04	10/06/05	EACH OCCURRENCE	* /	00,000	
Α		CEAINIS-INIADE	Υ	Υ	HDI55CL0611358		10/06/24	10/06/25	AGGREGATE	\$		
	WOF	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N								E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE			
									E.L. DISEASE - POLICY LIMIT	\$		
_		TION OF OPERATIONS / LOCATIONS / VEHICA ate Holder is listed as Additional Ins				ıle, may b	e attached if mo	re space is requir	ed)			
١		deces FOO Mond Blood B. K. C.	ID C	0040								
Jor) Add	dress: 560 Wood River Dr Ketchum,	, וט 8	3340								
CERTIFICATE HOLDER CANCELLATION												
City of Ketchum							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					
PO BOX 2315					John 2002							
Ketchum ID 83340						XIN LIVE						



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th	nis certificate does not confer rights to	o the	certi	ficate holder in lieu of su			. <u> </u>	•				
PRO	DUCER	CONTACT Toni Marcroft PHONE (200) 725 0077 FAX (200) 725 0079										
Sun Valley Insurance						o, Ext): (208) 7	25-0977		FAX (A/C, No):	(208)	725-0978	
P.C	D. Box 5808	È-MAIL ADDRE	4: @:	ns.net								
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
Ketchum ID 83340						INSURER A: HDI GLOBAL INSURANCE COMPANY						
INSU	IRED				INSURER B:							
	SV Custom Builders Inc				INSURER C:							
	P.O. Box 3233					INSURER D :						
						INSURER E :						
	Ketchum			ID 83340								
CO		TIFIC	CATE	NUMBER:	INSURER F : REVISION NUMBER:							
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURREN	CE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR						10/06/25	DAMAGE TO RENT PREMISES (Ea occ	ED currence)	\$ 100	,000	
			Y					MED EXP (Any one		\$ 500	0	
Α		Υ		HDI55CL0611358		10/06/24		PERSONAL & ADV		\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 2,00	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	00,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$ 1,00	00,000	
	X ANY AUTO	Y	Υ			10/06/24	10/06/25	BODILY INJURY (P	er person)	\$		
Α	OWNED SCHEDULED AUTOS			HDI55CL0611358				BODILY INJURY (P	er accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$		
	7,0700 0,127							, , , , , , , , , , , , , , , , , , , ,		\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	CE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE	Υ	Υ	HDI55CL0611358		10/06/24	10/06/25	AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER CANCELLATION												
Lisa & Jay Dick 560 Wood River Dr						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						
Ketchum ID 83340						John 2000						