

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/10/2024

								05/10	0/2024			
C B	ERT	IFICATE DO	ES NOT AFFIF ERTIFICATE O	AS A MATTER OF INFORMATION O RMATIVELY OR NEGATIVELY AME F INSURANCE DOES NOT CONST ER, AND THE CERTIFICATE HOLDEF	ND, EXTEND OR ITUTE A CONTR <i>I</i> R.	ALTER THE CO	VERAGE AFFORDED B	Y THE	E POLICIES			
PRC	DUCE					CONTACT NAME:						
		iscox Inc.				PHONE (A/C, No, Ext): [A/C, No):						
		Concourse Pa	arkway		E-MAII	E-MAII						
		uite 2150			PRODUCER	ADDRESS: contact@hiscox.com PRODUCER						
	A	tlanta GA, 303	328		CUSTOMER ID:	CUSTOMER ID:						
						INSURER(S) AFFORDING COVERAGE						
INSU	JRED				INSURER A : HI	INSURER A: Hiscox Insurance Company Inc.						
		eaping Laughs	s LLC		INSURER B :	INSURER B :						
		215 E 7th St				INSURER C :						
	C	asper, WY 826	609-2574									
						INSURER D :						
					INSURER E :	INSURER E :						
					INSURER F :	-						
CO	VER	AGES		CERTIFICATE NUMBER:		REVISION NUMBER:						
2 T	215 HIS I	E 7th St, Casp S TO CERTIFY ATED. NOTWI	Der, WY 82609-2 THAT THE POLI THSTANDING AN	CIES OF INSURANCE LISTED BELOW H. NY REQUIREMENT, TERM OR CONDITIO	AVE BEEN ISSUED	TO THE INSURED N	CUMENT WITH RESPECT T	O WHIC	CH THIS			
				IAY PERTAIN, THE INSURANCE AFFORD SUCH POLICIES. LIMITS SHOWN MAY H				HE IER	RMS,			
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS			
	X	PROPERTY					BUILDING	\$				
		J JSES OF LOSS	DEDUCTIBLES				X PERSONAL PROPERTY	\$	\$ 25,000			
	-		BUILDING	_			X BUSINESS INCOME		φ 20,000			
		BROAD CONTENTS		P102.318.776.1	08/31/2023	08/31/2024		\$				
							X EXTRA EXPENSE	\$				
A	Х						RENTAL VALUE	L VALUE \$				
		EARTHQUAKE					BLANKET BUILDING	\$				
		WIND		_			BLANKET PERS PROP	\$				
	-	FLOOD		-			BLANKET BLDG & PP					
	-	12000		_				\$				
				_				\$				
								\$				
	INLAND MARINE			TYPE OF POLICY				\$				
	CAUSES OF LOSS											
				POLICY NUMBER				\$				
								\$				
	CRIME											
								\$				
TYPE OF POLICY								\$				
								\$				
		BOILER & MACH EQUIPMENT BR						\$				
								\$				
								\$				
								\$				
SPE				ACORD 101, Additional Remarks Schedule, may	be attached if more space	e is required)		Φ				
JPE		CONDITIONO/UT		Accessory for, Additional Remarks Schedule, May	aveneu ii inore spat	, , , , , , , , , , , , , , , , , , ,						
CF	RTIF		DER		CANCELLA	ΓΙΟΝ						
The 200	e City) N D		/yoming, its emp	ployees, and representatives.	SHOULD AN THE EXPIRA	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 REI	AUTHORIZED REPRESENTATIVE						

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DATE (MM/DD/YYYY)

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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 NAME:													
Hiscox Inc.			PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):										
5 Concourse Parkway Suite 2150			E-MAIL ADDRESS: contact@hiscox.com										
Atlanta GA, 30328			INSURER(S) AFFORDING COVERAGE					NAIC #					
, ,			INSURE	RA: Hisco	Company Inc		10200						
INSURED			INSURE										
Leaping Laughs LLC			INSURER C :										
2215 E 7th St Casper, WY 82609-2574			INSURER D :										
			INSURER E :										
			INSURER F :										
		E 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.													
LTR TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)		LIM	1	00,000					
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,					
X CGL is on BOP Form						MED EXP (Any one person)	\$ 10,0	·					
A	Y	P102.318.776.1		08/31/2023	08/31/2024	PERSONAL & ADV INJURY	\$ 1,00	00,000					
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 1,000,000						
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,00	00,000					
OTHER:							\$						
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$						
						BODILY INJURY (Per person)	\$						
ALL OWNED AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident PROPERTY DAMAGE							
HIRED AUTOS AUTOS						(Per accident)	\$						
							\$						
EXCESS LIAB CLAIMS-MAD	_					EACH OCCURRENCE AGGREGATE	\$						
DED RETENTION \$						AGGREGATE	\$						
WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ						
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	1 1					E.L. EACH ACCIDENT	\$						
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYE	E\$						
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER			CANCELLATION										
The City of Casper, Wyoming, its employe 200 N David St. Casper, Wyoming 82601	es, and rep	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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