



WS1693

CERTIFICATE OF INSURANCE

12/05/17

THE MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY - 931 BOULDER DRIVE - LARAMIE WYOMING 82070 - ISSUES THIS CERTIFICATE AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE INSURANCE AFFORDED IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF THE POLICIES. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED NAME AND ADDRESS:



CHECKERS INC
223 N CENTRAL AVE
PO BOX 899
SIDNEY MT 59270-0899

POLICY NUMBER 90M05956 EFFECTIVE DATE 1/24/18 EXPIRATION DATE 1/24/19
AGENT 783 CARA NELSON 406 433-1515

TYPE OF INSURANCE	LIMITS OF LIABILITY
GENERAL LIABILITY OCCURRENCE BASIS	
GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	NOT APPLICABLE
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
FIRE DAMAGE LIMIT	\$50,000 ANY ONE FIRE
AUTOMOBILE LIABILITY	
AUTOS - COVERAGE SYMBOL 7 SPECIFICALLY DESCRIBED VEHICLES	\$1,000,000 COMBINED SINGLE LIMIT
HIRED AUTOS - COVERAGE SYMBOL 8	
NON-OWNERSHIP - COVERAGE SYMBOL 9	
GARAGE LIABILITY	NOT COVERED
GARAGE KEEPERS	
EXCESS LIABILITY	
UMBRELLA FORM	COMBINED SINGLE LIMIT
POLICY NUMBER _____	

GENERAL INFORMATION
HAS SUBROGATION BEEN WAIVED? YES ___ NO X
ADDITIONAL NAMED INSURED -
WE WILL GIVE THE CERTIFICATE HOLDER 30 DAYS NOTICE IF THE POLICY IS CANCELED BY US OR IF WE MATERIALLY CHANGE COVERAGE DURING THE TERM OF THIS POLICY.

CERTIFICATE ISSUED TO:
EMPLOYMENT RELATIONS DIVISION
DEPARTMENT OF LABOR AND INDUSTRY
PO BOX 8011
HELENA MT 59604-8011

AUTHORIZED SIGNATURE

12/05/17
DATE ISSUED