## STATES SELF-INSURERS RISK RETENTION GROUP, INC. 222 South Ninth St Suite 2700 Minneapolis, MN 55402-3332 (612) 766-3000

## **CERTIFICATE OF INSURANCE**

Insured:		This certificate is	This certificate is issued as a matter of information only and confers no			
Missoula County, M	ontana	rights upon the c	rights upon the certificate holder. This certificate does not affirmatively			
200 W Broadway St		or negatively am	or negatively amend, extend or alter the coverage afforded by the			
Missoula MT	59802	policy(ies) below	policy(ies) below. This certificate of insurance does not constitute a			
		contract betweer	contract between the issuing insurer, authorized representative or			
producer, and the certificate holder.						
<b>IMPORTANT:</b> 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 holder in lieu of such endorsement(s).						
Coverages:  This is to certify that the policy(ies) 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 policy(ies) described						
herein is subject to all the terms, exclusions, and conditions of such policy(ies). Limts shown may have been reduced by paid claims.						
Policy Effect		Effective	Expiration	nits		
Type of Insurance:	Number	Date	Date	Occurrence	Aggregate	
Public Entity Excess Liability including Error or Omis Liability Coverage.  Retroactive Date:  Description of Operation	Occurrence Form Po		7/1/2021	\$10,000,000	\$10,000,000	
Proof of Insurance.						
CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.						
Self-Insured Reter	ntion:	Authorized Represei	ntative:			
\$1,000,000		9ay M Signature	attrib son	>	7/2/2020 Date	
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