



City of Billings
RIGHT - OF - WAY ACTIVITY
PERMIT

Please check the type of activity you are applying for:

Parade Run/Walk/Procession Street/Alley Closure Block Party

Submit this application with attachments to either: The Public Works office - 2224 Montana Ave. or Downtown Billings office - 2815 2nd Ave. N. (both - Billings, MT 59101) Application packet should be turned in at least 60 days prior to the date of the proposed event for approval.

PERSON MAKING APPLICATION Mikal Young

ORGANIZATION MAKING APPLICATION Downtown Billings Assoc.

ADDRESS 215 2nd Ave N City BILLINGS State MT Zip 59101

EMAIL ADDRESS MIKAL.Y@DOWNTOWNBILLINGS.COM

APPROXIMATE TIME EVENT WILL:

Assemble _____ Start _____ Disband _____

DATE OF EVENT _____

PURPOSE OF EVENT: (Description and detail of plans)

PLEASE SEE ATTACHED

EVENT ROUTE DESIRED (IF APPLICABLE) - Please attach map

PLEASE SEE ATTACHED

BLOCK PARTY STREET LOCATION (IF APPLICABLE)

CLEAN UP IMPLEMENTATION: (Company contracted or services you will provide)

BID

CERTIFICATION OF INSURANCE WHICH MUST SHOW: (1) The limits of liability coverage for the period of this agreement as a minimum of \$750,000 per claim/ \$1.5 Million per occurrence general liability, and (2) the City of Billings named on the Certificate of Insurance as the additional insured. (Refer to the sample insurance copy. Please not a certificate of insurance in NOT required for Block Parties.)

NOTICE: ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON THE PUBLIC RIGHT-OF-WAY MUST BE APPROVED BY THE CITY TRAFFIC/ENGINEERING DEPARTMENT PRIOR TO PLCEMENT, BE ENVIRONMENTALLY SAFE, AND NOT CONFLICT WITH EXISTING MARKINGS.

FOR DOWNTOWN EVENTS: YOU OR THE ORGANIZATION YOU REPRESENT MUST "ASSIGN" THE FIRST TWO BLOCKS OF THE DOWNTOWN EVEN ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOU EVENT USING THE ROUTE SIGNS PROVIDED BY THE CITY. IT IS YOUR RESPONSIBILITY TO PROVIDE THE APPROPRIATE BARRICADES FOR THE STREET CLOSURE.

IF USING THE ESTABLISHED EVEN ROUTE (PARADE), THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE3 EVENT, AND A STREET SWEEPER (IF NECESSARY AND WEATHER PERMITTING) TO FOLLOW THE EVENT.

COORDINATOR OF EVENTS WITH ALCOHOL WILL BE CONSUMED IN PUBLIC RIGHT-OF-WAY ARE REQUIRED TO OBTAIN AN OPEN CONTAINER PERMIT FROM THE POLICE DEPT.

UPON SIGNING OF THIS APPLICATION, THE APPLICANT AGREES NOT TO VIOLATE ANY STATE OR CITY CODES IN THE PRESENTATION OF THE REQUESTED SPECIAL ACTIVITY.

In consideration for permission to conduct its activity as requested, applicant agrees to indemnify, defend and hold harmless the City of Billings and The Downtown Billings Alliance, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person from all liability claims, actions or judgments which may arise from the activity.

Applicants also agree to obtain valid "save or hold harmless agreements" from all participants in its activity, protecting the City of Billings from all losses arising out of its activity, including damages of any kind or nature.

APPLICANT SIGNATURE [Signature] DATE 2-9-11

APPLICANT APPROVED _____ DATE _____

APPLICANT DENIED _____ DATE _____

ADDITIONAL RESTRICTIONS OR SPECIAL CONDITIONS: YES ___ NO ___ (IF YES ATTACH COPY)

FOR CITY USE ONLY

FEE: _____

APPLICANT NOTIFIED BY: _____

DATE: _____

- COPIES TO:**
CITY ADMINISTRATOR
DEPUTY CITY ADMINISTRATOR
POLICE CHIEF
FIRE CHIEF
FIRE MARSHALL
MET TRANSIT MANAGER
STREET/TRAFFIC SUPERINTENDANT
TRAFFIC ENGINEER
PRPL DIRECTOR
PARKING SUPERVISOR
CITY ATTORNEY



Downtown Billings Association.
2815 2nd Ave N., Billings, MT 59101
Phone: 294-5060 Fax: 294-5061
Email: Mikaly@downtownbillings.com

Street Closure Requests for Downtown Billings 2011 Events

ALIVE AFTER 5: 6/2, 6/9, 6/16, 6/23, 6/30, 7/7, 7/14, 7/21, 7/28, 8/4, 8/18

Alive After 5 has 13 different hosting venues. The Alive After 5 will include many of the same activities as it did last year. We will need street closure from 3 PM until 9 PM and from 3PM until 10PM on August 18th. The event includes music and alcohol sales (open container permit will be obtained by the hosting restaurant/pub) and usually draws a large crowd.

Alive After 5: Thursday, June 2, 2011

The DBA will be hosting the 1st Alive After 5 at the Yellowstone Art Museum. We are requesting to close the following street:

N. 26th street between 4th Ave N. and 6th Ave N. Traffic on 4th Ave N. and 6th Ave N. will not be affected except they will not be able to turn south down N. 26th between 4th Ave N. and 6th Ave N. We will mark the street as "closed" at 6th Ave N. so traffic can not turn down this street.

Alive After 5: Thursday, June 9, 2011

The 3rd host that needs street closure is Ciao Mambos. We are requesting to close the following street:

N. 23rd street between Montana Ave and 1st Ave N. Traffic on Montana will not be able to turn north up N. 23rd and traffic on 1st Ave N. will not be able to turn south down 23rd Ave N. We will mark the street as "closed" at both 1st and Montana on 23rd so traffic cannot turn onto this street.

Alive After 5: Thursday, June 16, 2011

The third Alive After 5 that needs street closure is for Rowdy's. We are requesting to close the following street:

N 28th from 2nd to 3rd Ave. Traffic will not be able to turn south from 3rd or north from 2nd on to N. Broadway.

Alive After 5: Thursday, June 23, 2011

The fourth Alive After 5 is hosted by The Club Carlin and we are requesting the following:

N. 25th street between Montana Ave and 1st Ave. N. (1 block) from 3:00 PM to 9:00 PM. Traffic on Montana Ave. will not be allowed to turn left onto N. 25th street and accommodations will be made for the Bus Depot (Bus traffic only) to access their facility via 1st Ave N. at N. 25th. Since N 25th is a northbound one-way street, this will be a special departure from normal bus traffic. We will mark the street as "closed" at 1st Ave. N. just to make sure that regular traffic doesn't enter even though they would be going the wrong way on a one-way street. In addition, using cones and yellow caution tape, we will clearly mark a "no access area" on the street to accommodate any bus traffic. (Most of the action & crowd occupancy on the street will occur far from the Bus Depot near Montana Ave.)

Alive After 5: Thursday, June 30, 2011

The fifth Alive After 5 that needs street closure is Montana Brewing Co. We are requesting to close the following street:

N 28th from 1st to 2nd Ave. Traffic will not be able to turn south from 2nd or north from 1st onto N. Broadway.

Alive After 5: Thursday, July 7, 2011

The sixth Alive After 5 needing a street closure will be hosted by Tiny's Tavern. We are requesting to close the following street:

N. 24th street between 4th Ave N. and 3rd Ave N. Traffic on 3rd Ave N. and 4th Ave N. will not be affected except they will not be able to turn north or south down N. 24th between 4th Ave N. and 3rd Ave N. We will mark the street as "closed" at 4th Ave N. and 3rd Ave N. so traffic can not turn down this street.

Alive After 5: Thursday, July 14, 2011

The seventh Alive After 5 is hosted by The Rex and we are requesting the following:

N. 24th street between Montana Ave and 1st Ave. N. (1 block) from 3:00 PM to 9:00 PM. Traffic on 1st Ave. will not be allowed to turn left onto N. 24th street.

Alive After 5: Thursday, July 28, 2011

Monte Carlo hosts the eighth Alive After 5 needing a street closure. We are requesting to close the following street:

N. 29th street between Montana Ave and 1st Ave N. from 3:00 PM to 9:00PM. Traffic on Montana Ave will not be allowed to turn left onto N. 29th street.

Alive After 5: Thursday, August 4, 2011

The ninth street closure request is for Alive After 5 hosted by Pug Mahon's. We are requesting to close the following street:

N. 30th street between 1st Ave N. and 2nd Ave N. Traffic on 2nd Ave N. will not be allowed to turn south onto N. 30th street. Traffic on 1st Ave N. will not be able to turn north on N. 30th St.

Alive After 5: Thursday, August 18, 2011

The tenth Alive After 5 street closure request is for Downtown Billings. We request to close the following street from 3pm-10pm:

N. 31st Street between 4th Ave N and 6th Ave N. Traffic on 4th Ave N and 6th Ave N will not be affected except they will not be able to turn north from 4th Ave. N onto N 31st Street.

Alive After 5: Thursday, August 25, 2011

The final Alive After 5 street closure request is for Surfer Joes. We request to close the following street from 3pm-10pm:

N 16th between 4th Ave N and 3rd Ave N. Traffic on 4th Ave N will not be affected except they will not be able to turn south down N. 16th. Traffic will also not be affected on 3rd Ave N except they will not be able to turn North onto N. 16th. We will mark the street as "closed" at both 3rd and 4th so traffic cannot turn onto N. 16th.

STRAWBERRY FESTIVAL Saturday, June 11, 2011

The Strawberry Festival will include many of the same activities as in the past eighteen years. We request permission to close the following streets from 3am-7pm: (6 ½ blocks)

N 28th from 1st to 3rd Ave. (traffic will not be allowed to turn North from 1st Ave N or South from 3rd Ave N onto N 28th)
2nd Ave N from the alley West of N. 27th to N 30th (traffic diverted right only onto N 30th), & N 29th from 1st to 3rd Ave (traffic will not be allowed to turn North from 1st onto N 29th).

HARVESTFEST

**Saturday, October 8, 2011 or
Saturday, October 15, 2011 (Rain Date)**

HarvestFest is a smaller version of Strawberry Festival Fall. We are requesting the following streets be closed from 6am-5pm on Saturday, October 8, 2011.

N 28th from 1st to 3rd Ave. (traffic will not be allowed to turn south on N. Broadway from 3rd) & 2nd Ave from the alley West of N. 27th to N. 29th (traffic diverted left only onto n. 29th).

HOLIDAY PARADE:**Friday, November 25, 2011**

Pursuant to City Ordinance Sections 24-540 and 24-501 I would like to hereby request permission to hold our annual Holiday Parade. We intend to use the usual established Downtown Parade Route. We will start the parade at 7:00 PM on Friday, November 25, 2011 with final staging beginning in the staging area east of 26th St. at about 5:30 PM. We will arrange for proper

HOLIDAY PARADE CONT....

closure of the staging area and parade route. We will do our best to ensure that no vehicles are parked in the parking lanes on 3rd Ave. between 27th and 29th streets and we will secure the services of the Billings Police Department to assist in temporary street closures, especially N. 27th.

We would request the usual police department support for this parade with a lead car and a follow car. We would also like permission to place a review trailer on 3rd Ave across from The Alberta Bair Theater...same as previous years. Finally, I hereby inform your department that there may be animals in this parade and the streets will need to be cleaned following the parade. We will arrange for event zone/no parking signs and place them on the parade route prior to the event.

CHRISTMAS STROLL:**Friday, December 2nd, 2011**

The Christmas Stoll will include many of the same activities as in the past 15 years. At this time, we are requesting that the following streets be closed from 4pm to 9:30pm: (3½ blocks)

N. 28th from 1st to 3rd Ave. (traffic diverted left only onto 1st N.);

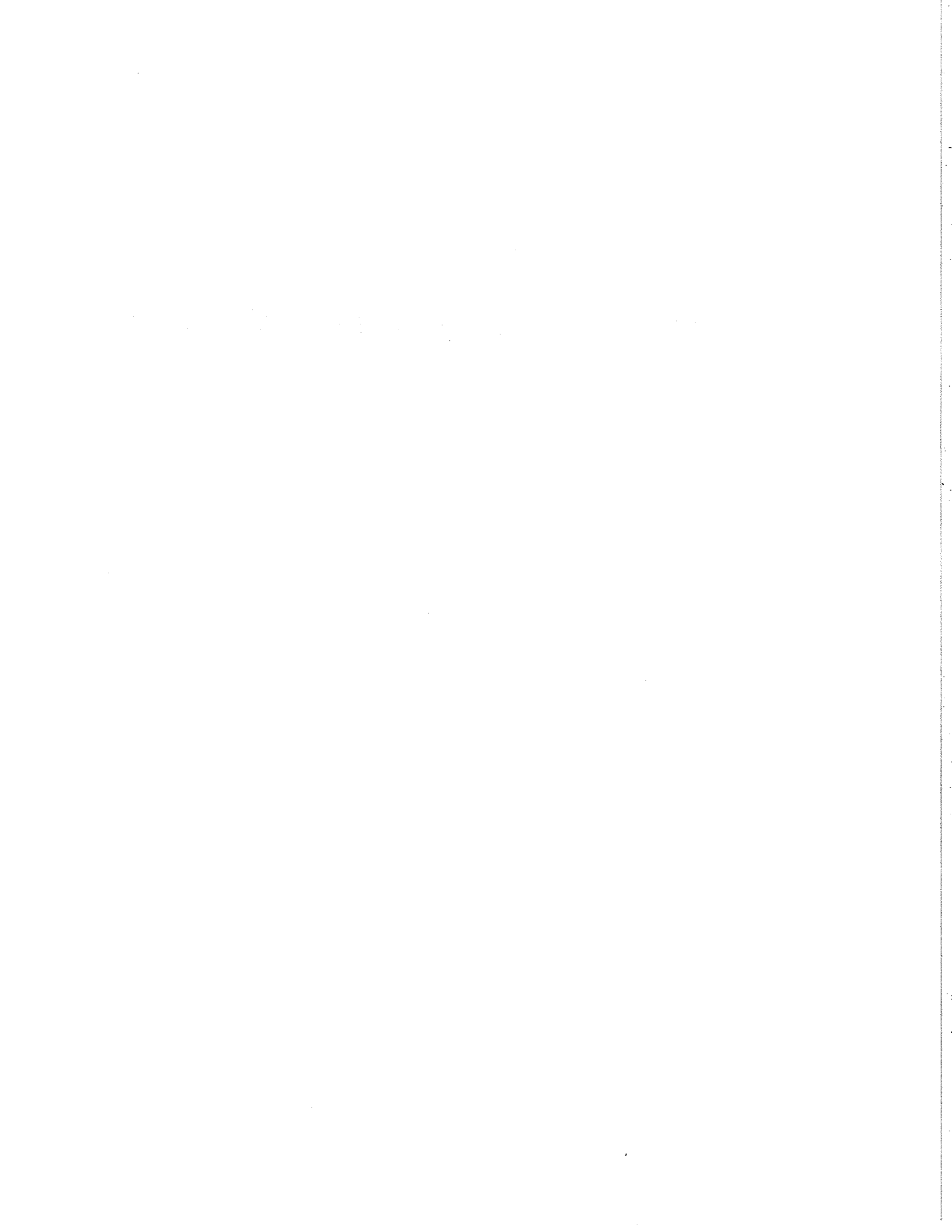
And 2nd Ave. from the alley east of N. 27th to N. 29th (traffic diverted left only onto N. 29th).

For all of these events, the Downtown Billings Association will provide necessary barricades for traffic control. We will also arrange for adequate trash cans to control litter as well as clean up. And, we will send letters before each event to inform emergency personnel of the street closures and parade events. At this time, we request adequate police escort for the holiday parade and bike/foot patrol officers, if available, at all events. If you have any questions or concerns, please call me at 294-5060.

Thank you for your time and consideration and helping us make Downtown Billings a vibrant destination.

Sincerely,

Mikal Young
Marketing and Events Coordinator
Downtown Billings



Commercial Certificate of Insurance



FARMERS

Agency
 Name . Roger L. Daniel Insurance Agency Inc.
 & . 3330 4th Ave North
 Address . Billings, Montana 59101
 . 406-252-3411

Issue Date (MM/DD/YY) 03/30/11

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 70 Dist. 05 Agent 311

Companies Providing Coverage:

Insured
 Name . EB Ventures LLC
 & . DBA Ciao Mamba
 Address . 2301 Montana Ave
 . Billings, Montana 59101

Company A York Insurance Exchange
 Letter
 Company B Farmers Insurance Exchange
 Letter
 Company C Mid-Century Insurance Company
 Letter
 Company D _____
 Letter

Coverages

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.

Co. Inr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	General Liability	604791205	01/10/11	01/10/12	General Aggregate	\$ 4,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Products-Comp/OPS Aggregate	\$ 4,000,000
	<input checked="" type="checkbox"/> - Occurrence Version				Personal & Advertising Injury	\$ 2,000,000
	Contractual - Incidental Only				Each Occurrence	\$ 2,000,000
	Owners & Contractors Prot.				Fire Damage (Any one fire)	\$ 75,000
					Medical Expense (Any one person)	\$ 5,000
A	Automobile Liability	604791205	01/10/11	01/10/12	Combined Single Limit	\$ 1,000,000
	All Owned Commercial Autos				Bodily Injury (Per person)	\$
	Scheduled Autos				Bodily Injury (Per accident)	\$
	<input checked="" type="checkbox"/> Hired Autos				Property Damage	\$
	<input checked="" type="checkbox"/> Non-Owned Autos				Garage Aggregate	\$
	Garage Liability					
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory	
					Each Accident	\$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

Description of Operations/Vehicles/Restrictions/Special items:

Please note that the Certificate Holder Listed below is also an Additional Insured on the above mentioned policy

Certificate Holder

Name . City of Billings
 . Po Box 1178
 & . Billings, Montana 59103
 Address . RE:Alive After 5 Event

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Roger L. Daniel
 Authorized Representative

Commercial Certificate of Insurance



FARMERS

Agency
 Name
 &
 Address

- Roger L. Daniel Insurance Agency Inc.
- 3330 4th Ave North
- Billings, Montana 59101
- 406-252-3411

Issue Date (MM/DD/YY) **03/30/11**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 70 Dist. 05 Agent 311

Companies Providing Coverage:

Insured
 Name
 &
 Address

- ER Ventures LLC
- DBA Ciao Mambo
- 2301 Montana Ave
- Billings, Montana 59101

Company A Truck Insurance Exchange
 Letter
 Company B Farmers Insurance Exchange
 Letter
 Company C Mid-Century Insurance Company
 Letter
 Company D

Coverages

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 hereto is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Tr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
A	<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	604791205	01/10/11	01/10/12	General Aggregate Products-Comp/OPS Aggregate \$ 4,000,000 Personal & Advertising Injury Each Occurrence \$ 2,000,000 Fire Damage (Any one fire) \$ 2,000,000 Medical Expense (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos Garage Liability	604791205	01/10/11	01/10/12	Combined Single Limit \$ 1,000,000 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage \$ Garage Aggregate \$
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special Items:

Please note that the Certificate Holder Listed below is also an Additional Insured on the above mentioned policy

Certificate Holder

Name
 &
 Address

- Downtown Billings Association
- 2815 2nd Ave N
- Billings, Montana 59101
- RE: Aftvc After 5 Event

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Roger L. Daniel (PA)
 Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2011

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 holder in lieu of such endorsement(s).

PRODUCER Big Sky Underwriters A Division of Hull and Company Inc P.O. Box 3567 Missoula MT 59806		CONTACT NAME Kevin Messner CPCU, ASLI PHONE 406-543-7161 FAX No. 406-721-9311 EMAIL ADDRESS kevin@bigskyunderwriters.com PRODUCER CUSTOMER ID 528677	
INSURED Rowdy's 3295 Granger Ave E #7 Billings MT 59102		INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Indemnity Corporation NAIC # 10480 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
1/2		NOV		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	Y	CP01369507	11/22/2010	11/22/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	CP01369507	11/22/2010	11/22/2011	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (N) N/A If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ E.L. DISEASE - EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CITY OF BILLINGS PO BOX 1178 Billings MT 59103	CANCELLATION 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 <i>Scott T. Lyburn</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2011

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 holder in lieu of such endorsement(s).

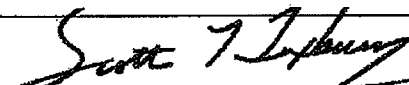
PRODUCER Big Sky Underwriters A Division of Hull and Company Inc P.O. Box 3567 Missoula MT 59806		CONTACT NAME Kevin Messner, CPCU, ASLI A.C. No. 406-543-7161 FAX (A.C. No.) 406-721-9311 ADDRESS kevin@bigskyunderwriters.com PRODUCER CUSTOMER ID: 528677	
INSURED Rowdy's 3295 Granger Ave E #7 Billings MT 59102		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Capitol Indemnity Corporation 10480 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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	TYPE OF INSURANCE	ADDITIONAL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> EQP <input type="checkbox"/> LOC	Y	CP01369507	11/22/2010	11/22/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCT'S - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	CP01369507	11/22/2010	11/22/2011	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NP) If yes, describe under DESCRIPTION OF OPERATIONS below:	N/A				WC STATL TOBY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER DOWNTOWN BILLINGS ASSOCIATION 2815 2ND AVE N Billings MT 59102	CANCELLATION 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 
---	---

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2011

PRODUCER 406.252.4104 FAX 866.751.8096
 Taylor-Leavitt Insurance
 P.O. Box 2518
 Billings, MT 59103

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Hotel Carlin Inc
 DBA: The Carlin, Q
 2407 Montana Ave
 Billings, MT 59101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Golden Bear Insurance Company	39861
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Liquor Liability	GLL01923	02/26/2011	02/26/2012	\$1,000,000 Aggregate \$1,000,000 Each Common Cause

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Billings MT is named additional insured. Multiple City events per form # GBR 370 12 96

CERTIFICATE HOLDER

CANCELLATION

Downtown Billings Assoc 2518 2nd Ave North Billings, MT 59101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>N/A</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Pam Oberweiser/PAOBER <i>Pam Oberweiser</i>
---	---

ACORD 25 (2009/01)

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

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 holder in lieu of such endorsement(s).

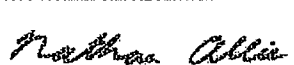
PRODUCER Hoiness LaBar Insurance A Member of Payne Financial Group P.O. Box 30638 Billings, MT 59107-0638	CONTACT NAME: _____
	PHONE (A/C, No, EXT): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____
INSURED Big Cat, Inc. DBA The Rex 2401 Montana Avenue Billings, MT 59101	(INSURER(S) AFFORDING COVERAGE) NAIC #
	INSURER A: Fireman's Fund Insurance Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	AZC80861614	03/01/2011	03/01/2012	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - CGMP/OP AGG \$4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		AZC80861614	03/01/2011	03/01/2012	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				IWC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		AZC80861614	03/01/2011	03/01/2012	\$920,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional insured per form AB9189.
 RE: Alive after Five events

CERTIFICATE HOLDER Downtown Billings Association 2815 Second Avenue North Billings, MT 59101	CANCELLATION 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 
--	--

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 1/25/2011

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 holder in lieu of such endorsement(s).

PRODUCER Hoiness LaBar Insurance A Member of Payne Financial Group P.O. Box 30538 Billings, MT 59107-0638	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Pug Mahon, Inc. DBA Pug Mahon's Irish Pub; The Bookie; Guido's Pizza 3011 1st Ave N Billings, MT 59101	INSURER A: Travelers Indemnity Co. of Amer	
	INSURER B: The Travelers Indemnity Co.	
	INSURER C:	
	INSURER D:	
	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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	I680909D1985TIA11	02/05/2011	02/05/2012	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 5000		ISFCUP9010Y944IND1	02/05/2011	02/05/2012	EACH OCCURRENCE \$2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	Liquor Liability		I680909D1985TIA11	02/05/2011	02/05/2012	Included in the GL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Alive After 5 Events

CERTIFICATE HOLDER City of Billings 210 North 27th Billings, MT 59101	CANCELLATION 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 <i>Nathan Allen</i>

Commercial Certificate of Insurance



FARMERS

Agency
 Name • FARMERS INSURANCE GROUP
 & • TIM BEETER
 Address • 2860 GRAND AVE
 • BILLINGS, MT 59102

Issue Date (MM/DD/YY) 04/06/11

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 70 Dist. 05 Agent 09

Companies Providing Coverage:

Insured
 Name • CSKT CORP
 & • MONTANA BREWING/HOOLIGANS
 Address • 113 N BROADWAY
 • BILLINGS, MT 59101

Company A Truck Insurance Exchange
 Letter
 Company B Farmers Insurance Exchange
 Letter
 Company C Mid-Century Insurance Company
 Letter
 Company D

Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
A X	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prof.	065934922	10/19/10	10/19/11	General Aggregate \$ 2,000,000 Products-Comp/OPS Aggregate \$ 1,000,000 Personal & Advertising Injury Each Occurrence \$ 1,000,000 Fire Damage (Any one fire) \$ 1,000,000 Medical Expense (Any one person) \$ 75,000 \$ 5,000
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Combined Single Limit \$ Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage \$ Garage Aggregate \$
A X	Umbrella Liability	065934930	10/19/10	10/19/11	Limit \$ 1,000,000
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special Items:

A X	LIQUOR LIABILITY	065934930	10/19/10	10/19/11	General Aggregate \$2,000,000 Per Occurrence \$1,000,000
-----	------------------	-----------	----------	----------	---

Certificate Holder

Name • Downtown Billings Association
 & • 2815 2ND AVE N
 Address • BILLINGS, MT 59101

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Tim J. Beeter
 Authorized Representative

Commercial Certificate of Insurance



FARMERS

Agency
 Name: FARMERS INSURANCE GROUP
 & Name: TIM BEETER
 Address: 2860 GRAND AVE
 BILLINGS, MT 59102

Issue Date (MM/DD/YY) **04/07/11**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 70 Dist. 05 Agent 09

Insured
 Name: CSEK CORP
 & Name: MONTANA BREWING/HOOLIGANS
 Address: 113 N BROADWAY
 BILLINGS, MT 59101

Companies Providing Coverage:

- Company A Truck Insurance Exchange
- Company B Farmers Insurance Exchange
- Company C Mid-Century Insurance Company
- Company D

Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A X	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prod.	065934922	10/19/10	10/19/11	General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 75,000 \$ 5,000
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ \$ \$ \$ \$
A X	Umbrella Liability	065934930	10/19/10	10/19/11	Limit	\$ 1,000,000
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$

Description of Operations/Vehicles/Restrictions/Special Items:

A X LIQUOR LIABILITY 065934930 10/19/10 10/19/11 General Aggregate \$2,000,000
 Per Occurrence \$1,000,000

Certificate Holder

Name: CITY OF BILLINGS
 & Name: P.O. BOX 1178
 Address: BILLINGS, MT 59103

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Tim Beeter
 Authorized Representative