





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2016

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).

<b>PRODUCER</b> <b>Billings Office</b> <b>PayneWest Insurance, Inc.</b> <b>P.O. Box 30638</b> <b>Billings, MT 59107-0638</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (406) 238-1900	<b>FAX (A/C, No):</b> (406) 245-9887	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b>  <b>CTA Inc.</b> <b>13 North 23rd</b> <b>PO Box 1439</b> <b>Billings, MT 59103-1439</b>	<b>INSURER A : Travelers Property Casualty Co of America</b>		<b>25674</b>
	<b>INSURER B : Continental Casualty Company</b>		<b>20443</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	6802418L238	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							<b>EBL AGGREGATE</b>	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	BA2389L877	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP15P14725	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Professional Liab.			AEH008219014	06/01/2016	06/01/2017	Each Claim	5,000,000
B	Professional Liab.			AEH008219014	06/01/2016	06/01/2017	Aggregate	10,000,000


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

Kristine Keller

Professional Coverage information: Claims-made Coverage. Maintenance Deductible Endorsement -- Ded. per claim including claim expenses \$300,000.00  
 Professional Coverage Named Insured includes: CTA Inc. / CTA Architects Engineers / CTA Architects Engineers DBA CTA Engineers / CTA Architects Engineers DBA CTA Engineering / CTA Architects Engineers DBA CTA Landworks / Jones Fehlberg Associates / C T A - Idaho, P.S.I / Engineering West, Inc. / CTA Architects Engineers of Alaska / Cushing Terrell Associates / Everett O. Terrell, AIA (Retired) / Glenn-CTA Architects Engineers / DBA CTA Nelson Engineering / Cushing Terrell Architecture & Interiors / CTA Design, Inc. / Robert Arthur / David L. Turner, Architect / Michael O'Leary / Cushing Terrell Architecture Inc. / Cushing Terrell Design, Inc. / Agency for Architecture LLC (retro 10/18/07) / CTA Construction and Environmental LLC (retro 10/20/08).  
 SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Billings</b> <b>Public Works Engineering</b> <b>2224 Montana Ave</b> <b>Billings, MT 59101</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Billings Office</b>		NAMED INSURED CTA Inc. 13 North 23rd PO Box 1439 Billings, MT 59103-1439	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

When only Employers Liability is listed in the Work Comp section - this is provided for the following Monopolistic States: WA & WY.

If indicated, General Liability Additional Insured form CGD381 or CGD379, Waiver of Subrogation form CGD381 or CGD379; Auto Liability Additional Insured form CAT420 & Waiver of Subrogation form CAT420. Umbrella is follow form.

RE: New 911 Call Center; 30 days notice of cancellation has been requested from the carrier.