

# ***CONTRACT***

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## **FOR PROFESSIONAL SERVICES**

Contract Documents  
Professional Services Provider

## **Table of Contents**

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Professional Services Contract

Agreement

Exhibit A – Scope of Services and Fees

Insurance Verification

Professional Service Providers Schedule of Values

## Agreement

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Professional Services Provider

CONSULTANT'S AGREEMENT BETWEEN

**Campbell County School District No. 1**

AND

**Tarver Consulting**

FOR

**CCSD Transportation Facility Warlow Site Due Diligence**

**1. Parties.** The Parties to this Contract are **Campbell County School District No. 1, 1000 West 8th Street, Gillette, WY 82716**, (the Owner) and **Tarver Consulting, PO Box 2080, Gillette, WY 82717**, (the Consultant).

**2. State Construction Department (SCD), School Facilities Division (SFD).** The SCD is an agency of the State of Wyoming with governance over the design specifications and funding for the capital construction project that is the subject of this Agreement. Significant funding for this Project will be provided by the SCD. Approval of the SFD is required by Wyoming law for significant portions of the responsibilities assigned to the "Owner" by the contract documents. To facilitate the relationship established by law between the School District and the SCD, all references to "Owner" in this Agreement shall be read to include the School District and the SCD in their respective capacities in the exercise of the powers and responsibilities granted to the School District in cooperation with and upon the approval of the SCD.

**3. Purpose of Contract.** Consultant will provide **land due diligence**, for this Project. This Contract is not intended to supersede any necessary competitive bidding procedures required by State statute.

**4. Term of Contract and Required Approvals.** This Contract is effective when all parties have executed it and all required approvals have been granted. The services performed under this Agreement shall be completed by **May 6, 2022**. All services shall be completed during this term. There is no right or expectation of renewal and any renewal will be determined at the discretion of the Owner.

**5. Payment.** Owner agrees to pay Consultant for the services described herein as per **Exhibit A – Scope of Services and Fixed Fee**. The total payment per project under this Contract shall not exceed **Fifty-Four Thousand, Nine Hundred Fifty DOLLARS AND 00/100'S (\$54,950.00)**. Payment will be made upon approved invoice for services rendered. No payment shall be made for services performed before the date upon which the last required signature is affixed to this Contract.

**6. Additional Services.** If the need for additional services arises hereunder, the Owner will provide a written description of the additional services needed to the Consultant. After receipt of the written description the Consultant shall calculate their efforts for such services and provide a proposal to the Owner. The Owner reserves the right to negotiate such proposed fee prior to acceptance and issuing a contract amendment.

**7. Payment for Reimbursable Expenses.** The Consultant shall include in the fixed fee and fees for additional services all reimbursable expense which shall include but not be limited to lodging, per diem allowance, phone, meals, vehicle travel.

**8. Responsibilities of Consultant.** The services to be provided by Consultant are described in Exhibit A. In the event of any discrepancy between this Contract and Exhibit A, the terms of this Contract shall prevail.

**9. Responsibilities of Owner.** The Owner shall provide documentation of existing conditions if available, and guidance in quantity and extent of services required.

**10. Special Provisions.**

**a. Limitation of Payments.** The District's obligation to pay the Consultant for Services rendered pursuant to this Contract are conditioned upon the availability of government funds which are allocated to pay the Consultant. If funds are not allocated and available for the Owner to pay the Consultant for these services, the Owner may terminate this Contract at the end of the period for which the funds are available.

The Owner shall notify Consultant at the earliest possible time if this Contract will or may be affected by a shortage of funds. No liability shall accrue to the District in the event this provision is exercised, and the District shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section. This provision shall not be construed so as to permit the District to terminate this Contract to acquire similar services from another party.

**b. Monitor Activities.** The Owner shall have the right to monitor all Contract related activities of the Consultant and all sub-consultants. This shall include, but not be limited to, the right to make site inspections at any time, to bring experts and consultants on site to examine or evaluate completed work or work in progress, and to observe all Consultant personnel in every phase of performance of Contract related work.

**c. No Finder's Fees.** No finder's fee, employment fee, or other such fee related to the procurement of this Contract shall be paid by either party.

**d. Nondiscrimination.** The Consultant shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, et seq.), the Americans With Disabilities Act (ADA), 42 U.S.C. 12101, et seq., and the Age Discrimination Act of 1975. The Consultant shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin or disability in connection with the performance of this Contract.

**e. Publicity.** Any publicity given to the program or services provided herein, including but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Consultant, shall identify the Owner as the sponsor and shall not be released without prior written approval from the Owner.

**f. Standard of Care.** Services performed by Consultant under this Contract will be conducted in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing in the same locality under similar conditions. No other representation, express or implied, and no warranty or guarantee is included or intended in this Contract, or in any report, opinion, document, or otherwise.



**g. Acceptance of Deliverables.** Formal deliverables are the work products that will be presented to the SFD and District for acceptance and approval. Deliverables must be accurate and meet the Owner's expectations before they will be considered complete and accepted. To set all party's expectations, at the start of each task specified above, the format and content of all associated deliverables will be outlined.

## **11. General Provisions.**

**a. Amendments.** Any changes, modifications, revisions or amendments to this Contract which is mutually agreed upon by the parties to this Contract shall be incorporated by written instrument, executed and signed by all parties to this Contract.

**b. Americans with Disabilities Act.** The Consultant shall not discriminate against a qualified individual with a disability and shall comply with the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. 12101, et seq., and/or any properly promulgated rules and regulations related thereto.

**c. Applicable Law/Venue.** The construction, interpretation and enforcement of this Contract shall be governed by the laws of the State of Wyoming. The Courts of the State of Wyoming shall have jurisdiction over this Contract and the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming.

**d. Assignment/Contract Not Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set forth in this Contract without the prior written consent of the other party. The Consultant shall not use this Contract, or any portion thereof, for collateral for any financial obligation, without the prior written permission of the Owner.

**e. Assumption of Risk.** The Consultant shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to Consultant's failure to comply with state or federal requirements. The Owner shall notify the Consultant of any state or federal determination of noncompliance.

**f. Audit.** The Owner and any of its representatives shall have access to any books, documents, papers, and records of the Consultant which are pertinent to this Contract.

**g. Award of Related Contracts.** The Owner may undertake or award supplemental or successor contracts for work related to this Contract. The Consultant shall cooperate fully with other contractors and the Owner in all such cases.

**h. Compliance with Law.** The Consultant shall keep informed of and comply with all applicable federal, state and local laws and regulations in the performance of this Contract.

**i. Confidentiality of Information.** All documents, data compilations, reports, computer programs, photographs, and any other work provided to or produced by the Consultant in the performance of this Contract shall be kept confidential by the Consultant unless written permission is granted by the Owner for its release.

**j. Conflicts of Interest.** Consultant shall not engage in providing consultation or representation of clients, agencies or firms which may constitute a conflict of interest which results in a disadvantage to the Owner or a disclosure which would adversely affect the interests of the Owner. Consultant shall notify the Owner of any potential or actual conflicts of interest arising during the course of the Consultant's performance under this contract. This contract may be

terminated in the event a conflict of interest arises. Termination of the contract will be subject to a mutual settlement of accounts. In the event the contract is terminated under this provision, the Consultant shall take steps to insure that the file, evidence, evaluation and data are provided to the Owner or its designee. This does not prohibit or affect the Consultant's ability to engage in consultations, evaluations or representation under agreement with other agencies, firms, facilities, or attorneys so long as no conflict exists.

**k. Entirety of Contract.** This Contract, consisting of seven (7) pages, and the following Exhibits which represent the entire and integrated Contract between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral:

- Exhibit A – Scope of Services
- Insurance Verification
- Professional Services Provider Schedule of Values

**l. Ethics.** Consultant shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, et seq.), and any and all ethical standards governing Consultant's profession.

**m. Force Majeure.** Neither party shall be liable for failure to perform under this Contract if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the nonperforming party.

**n. Indemnification.** The Consultant shall indemnify, defend and hold harmless the State, the SFD, the District and their officers, agents, employees, successors and assignees from any and all claims, lawsuits, losses and liability arising out of Consultant's failure to perform any of Consultant's duties and obligations hereunder or in connection with the negligent performance of Consultant's duties or obligations, including but not limited to any claims, lawsuits, losses or liability arising out of Consultant's malpractice.

**o. Independent Contractor.** The Consultant shall function as an independent contractor for the purposes of this Contract, and shall not be considered an employee of the SFD or District for any purpose. The Consultant shall assume sole responsibility for any debts or liabilities that may be incurred by the Consultant in fulfilling the terms of this Contract, and shall be solely responsible for the payment of all federal, state and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Consultant or its agents and/or employees to act as an agent or representative for or on behalf of the SFD or District, or to incur any obligation of any kind on the behalf of the SFD or District. The Consultant agrees that no health/hospitalization benefits, workers' compensation and/or similar benefits available to SFD or District employees will inure to the benefit of the Consultant or the Consultant's agents and/or employees as a result of this Contract.

**p. Kickbacks.** The Consultant certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Contract, nor were any fees, commissions, gifts, or other



considerations made contingent upon the award of this Contract. If the Consultant breaches or violates this warranty, the Owner may, at its discretion, terminate this Contract without liability to the Owner, or deduct from the Contract price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

**q. Notices.** All notices arising out of, or from, the provisions of this contract shall be in writing and given to the parties at the address provided under this Contract, either by regular mail, facsimile, e-mail, or delivery in person.

**r. Notice and Approval of Proposed Sale or Transfer of the Consultant.** The Consultant shall provide the Owner with the earliest possible advance notice of any proposed sale or transfer or any proposed merger or consolidation of the assets of the Consultant. Such notice shall be provided in accordance with the notice provision of this Contract.

**s. Ownership of Documents/Work Product/Materials.** All documents, reports, records, field notes, data, samples, specimens, and materials of any kind resulting from performance of this Contract are at all times the property of the Owner.

**t. Patent or Copyright Protection.** The Consultant recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license or other similar restrictions, and warrants that no work performed by the Consultant or its subcontractors will violate any such restriction.

**u. Prior Approval.** This Contract shall not be binding upon either party, no services shall be performed under the terms of this Contract, and no payment shall be made on this Contract until this Contract has been reduced to writing and approved by the SFD.

**v. Proof of Insurance.** The Consultant shall not commence work under this Contract until the Consultant has obtained the following insurance coverage's and provided the corresponding certificates of insurance listing both the SFD and District as additionally insured:

(i.) Commercial General Liability Insurance. Consultant shall provide coverage during the entire term of the Contract against claims arising out of bodily injury, death, damage to or destruction of the property of others, including loss of use thereof, and including products and completed operations in an amount not less than Two Hundred Fifty Thousand Dollars (\$250,000.00) per claimant and Five Hundred Thousand Dollars (\$500,000.00) per occurrence.

(ii.) Business Automobile Liability Insurance. Consultant shall maintain, during the entire term of the Contract, automobile liability insurance in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) per occurrence.

(iii.) Workers' Compensation or Employers' Liability Insurance. The Consultant shall provide proof of workers' compensation coverage pursuant to the Wyoming Workers' Safety and Compensation program, if statutorily required, or such other workers' compensation insurance as appropriate. Consultant's insurance shall include "Stop Gap" coverage in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) per employee for each accident and disease.

(iv.) Professional Liability or Errors and Omissions Liability Insurance. The Consultant shall provide proof of professional liability insurance or errors and omissions liability insurance to protect the SFD and District from any and all claims arising from the Consultant's alleged or

real professional errors, omissions or mistakes in the performance of professional duties in an amount not less than Five Hundred Thousand Dollars (\$500,000.00).

(v.) Workers' Compensations and Unemployment Coverage. The Consultant shall provide to the Owner proof of workers' compensation and unemployment coverage for all its employees who are to work on the project described in this Contract. Certificates of good standing in each of the Wyoming Workers' Compensation and Unemployment Insurance programs shall serve as sufficient proof if the Consultant is statutorily required to participate in those programs. If the Consultant's coverage is under a program different from the coverage provided by the Wyoming Department of Employment, proof of coverage shall be satisfied in manner to be determined sufficient in the discretion of the Owner.

**w. Sovereign Immunity and Limitations.** Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Contract and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Contract shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.

**x. Taxes.** The Consultant shall pay all taxes and other such amounts required by federal, state and local law, including but not limited to federal and social security taxes, workers' compensation, unemployment insurance and sales taxes.

**y. Termination of Contract.** This Contract may be terminated by either party, without cause, upon thirty (30) days prior written notice. This Contract may be terminated immediately for cause if the Consultant fails to perform in accordance with the terms of this Contract.

**z. Time is of the Essence.** Time is of the essence in all provisions of the Contract.

**aa. Titles Not Controlling.** Titles of paragraphs are for reference only, and shall not be used to construe the language in this Contract.

**bb. Waiver.** The waiver of any breach of any term or condition in this Contract shall not be deemed a waiver of any prior or subsequent breach.



12. **Signatures.** By signing this Contract, the parties certify that they have read and understood it, that they agree to be bound by the terms of the Contract, that they have the authority to sign it. The effective date of this Contract is the date of the signature last affixed to this page.

Tarver Consulting

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Jaime Tarver, Owner          *Jaime L. Tarver*          *9-1-21*  
*Signature*          *Date*

Campbell County School District No. 1

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Dennis Holmes, Assoc. Superintendent          *Signature*          *Date*

STATE OF WYOMING, STATE CONSTRUCTION DEPARTMENT, SCHOOL FACILITIES DIVISION:

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Paul Syverson, Design & Construction Admin.          *Signature*          *Date*



JAIMLTA-01

JEMCKILLOP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2021

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).

<b>PRODUCER</b> Wyoming Financial Insurance 542 Running W Dr Gillette, WY 82718	<b>CONTACT NAME:</b> Jennifer McKillop	
	<b>PHONE (A/C, No, Ext):</b> (307) 686-0313 3193	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> jmckillop@wercs.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Jaime L Tarver PO Box 2080 Gillette, WY 82717	<b>INSURER A:</b> Underwriters at Lloyd's London	<b>15792</b>
	<b>INSURER B:</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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PS0124298106	11/27/2020	11/27/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<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	\$
A	Professional	X		PS0124298106	11/27/2020	11/27/2021	<b>Errors &amp; Omissions</b>	\$ 1,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

Campbell County School District 01  
PO Box 3003  
Gillette, WY 82717-3033

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/1/2021

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<b>PRODUCER</b> Wyoming Financial Insurance 542 Running W Dr Gillette, WY 82718	<b>CONTACT NAME:</b> Jennifer McKillop
	<b>PHONE (A/C, No, Ext):</b> (307) 686-0313 3193 <b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> jmckillop@wercs.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A :</b> Travelers Indemnity Company of America <b>25666</b>
<b>INSURED</b>  James & Jaime Tarver PO Box 1008 Gillette, WY 82717-1008	<b>INSURER B :</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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>BA4S397854</b>	<b>8/26/2021</b>	<b>8/26/2022</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

<b>CERTIFICATE HOLDER</b>  Campbell County School District 01 PO Box 3003 Gillette, WY 82717-3033	<b>CANCELLATION</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.
	AUTHORIZED REPRESENTATIVE 





