


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

CERTIFICATE OF INSURANCE

Insured: Missoula County, Montana 200 W Broadway St Missoula MT 59802	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 policy(ies) below. This certificate of insurance does not constitute a contract between the issuing insurer, 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).									
Coverages: <p style="margin-left: 40px;">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). Limits shown may have been reduced by paid claims.</p>									
Type of Insurance:	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">Policy Number</th><th style="text-align: center;">Effective Date</th><th style="text-align: center;">Expiration Date</th><th style="text-align: center;">Limits Occurrence Aggregate</th></tr></thead><tbody><tr><td style="text-align: center;">3000005-9</td><td style="text-align: center;">7/1/2025</td><td style="text-align: center;">7/1/2026</td><td style="text-align: center;">\$10,000,000 \$10,000,000</td></tr></tbody></table>	Policy Number	Effective Date	Expiration Date	Limits Occurrence Aggregate	3000005-9	7/1/2025	7/1/2026	\$10,000,000 \$10,000,000
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3000005-9	7/1/2025	7/1/2026	\$10,000,000 \$10,000,000						
Public Entity Auto Liability Excess Liability including Error or Omission Liability Coverage.									
Retroactive Date:	Occurrence Form Policy								
Description of Operations/Locations/Vehicles/Special Terms: 									
Certificate Holder:	CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, notice will be delivered according to policy provisions.								
Self-Insured Retention: \$1,000,000	Authorized Representative: <div style="text-align: center;"> _____ Signature</div> <div style="text-align: right;">6/30/2025 _____ Date</div>								