^								GALLCOU-0		SHOWARD			
_				FICATE OF LIA					B	(MAGD1/2 021 2 3/2016 enwoo			
	THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	ATIVEI	LY O Anci The C	R NEGATIVELY AMEND E DOES NOT CONSTITU CERTIFICATE HOLDER.	D, EXTEN UTE A C	D OR ALI	TER THE CO BETWEEN	OVERAGE AFFORDED THE ISSUING INSURER	BY THI I(S), AU	E POLICIES			
	MPORTANT: If the certificate ho the terms and conditions of the po certificate holder in lieu of such end	licy, ce	rtain	policies may require an o	endorsem	ient. A sta	be endorsed. Itement on th	If SUBROGATION IS W his certificate does not o	/AIVED confer r	, subject to ights to the			
PRODUCER First West, Inc. P.O. Box 1800						CONTACT NAME Susan Howard PHONE [A/C, No, Ext] (406) 922-6039 FAX (A/C, No) (406) 587-9162 E-MAIL ADDRess showard@1stwestinsurance.com FAX (406) 587-9162							
	zeman, MT 59771				ADDRESS			RDING COVERAGE		NAIC #			
					INSURER	27154							
INS	URED				INSURER	B Montan	a State Fur	nd					
	Gallatin County				INSURER								
	311 West Main, Room 304 Bozeman, MT 59715				INSURER								
	,				INSURER								
cc	VERAGES C	ERTIFI	CAT	E NUMBER:	IMSORER			REVISION NUMBER:					
ll C E	HIS IS TO CERTIFY THAT THE POL NDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	' REQU Ay per Ch pol	IREM	ENT, TERM OR CONDITIC THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	on of an Rded by T E been re	Y CONTRA THE POLIC DUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	DOCUMENT WITH RESP	ECT TO	WHICH THIS			
INSF			SUBF		(1)	M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	S				
A	X COMMERCIAL GENERAL LIABILITY			7910008530001		7/01/2016	07/01/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,500,000			
	CLAIMS-MADE X OCCUR			7910008350001	1	1101/2016	07/01/2017	PREMISES (Ea occurrence)	5	100,000			
		-						MED EXP (Any one person) PERSONAL & ADV INJURY	s	1,500,000			
	GEN'L AGGREGATE L MIT APPL ES PER:	-						GENERAL AGGREGATE	5	3,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	5	3,000,000			
	OTHER:								\$				
A	AUTOMOBILE LIABILITY			7910008530001	0	7/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	S S	1,500,000			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	5				
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	5 5				
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	5	5,000,000			
Α	EXCESS LIAB CLAIMS-MA			7910008530001	0	7/01/2016	07/01/2017	AGGREGATE	s				
	DED X RETENTIONS 10,0	00						PER OTH-	\$	5,000,000			
в	AND EMPLOYERS' LIABILITY Y ANY PROPRIETOR/PARTNER/EXECUTIVE			034329839	0	7/01/2016	07/01/2017	E.L. EACH ACC DENT	5	1,000,000			
	(Mandatory in NH)	_ "″^						E.L. DISEASE - EA EMPLOYEE	5	1,000,000			
	If yes, describe under DESCR PTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMIT	5	1,000,000			
055	CRIPTION OF OPERATIONS / LOCATIONS / VEI												
Cert	ficate holder is additional insured fo GL101 0707 available upon request.								The second	rm			
CEI	RTIFICATE HOLDER				CANCE	LLATION		R.		_			
Bobcat Football Stadium 1 Bobcat Circle Bozeman, MT 59717						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	1020man, wr 03/17				AUTHORIZED REPRESENTATIVE								
			THE R amer										

, N

© 1988-2014 ACORD CORPORATIO

EXHIBIT 4 Daniels' Appeal Brief

FILED

						GALLCOU-02							
Α	CORD C	ER	TIF	ICATE OF LIA	BILI		URANC	E		(MM/DD/YYYY) 13/2016			
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.													
t	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).												
1	DUCER				CONTA NAME	CT Susan H	oward						
	st West, Inc.). Box 1800				PHONE (A/C, No. Ext) (406) 922-6039 FAX (A/C, No) (406) 587-9162								
Bo	zeman, MT 59771				E-MAIL ADDRE	ss showard	l@1stwesti	nsurance.com					
					INSURER(S) AFFORDING COVERAGE NAIC #								
ille	URED				INSURER A Atlantic Specialty Insurance Company 27154								
HA 2	URED						a State Fur	nd					
	Gallatin County				INSURE								
	311 West Main, Room 304 Bozeman, MT 59715				INSURE								
					INSURE								
cc	VERAGES CER	TIFI	CAT	E NUMBER:	INSOIN			REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN, CIES,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM , LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS			
		INSE	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	_				
î	COMMERCIAL GENERAL LIABILITY	x		7910008530000		07/01/2015	07/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	5 5	1,500,000 100,000			
								MED EXP (Any one person)	\$				
							-	PERSONAL & ADV INJURY	5	1,500,000			
	GEN'L AGGREGATE L MIT APPL ES PER:							GENERAL AGGREGATE	\$	3,000,000			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	5	3,000,000			
A	AUTOMOBILE LIABILITY			7910008530000		07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	5	1,500,000			
	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$				
	UMBRELLA LIAB X OCCUR	-						EACH OCCURRENCE	5	5,000,000			
A	EXCESS LIAB CLAIMS-MADE			7910008530000		07/01/2015	07/01/2016	AGGREGATE	5	5,000,000			
_	DED X RETENTION \$ 10,000 WORKERS COMPENSATION							X PER OTHER	5				
в	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			034329839		07/01/2015	07/01/2016	E.L. EACH ACC DENT	\$	1,000,000			
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes, describe under DESCR PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
A	Lease&Rented Equip			7910008530000		07/01/2015	07/01/2016	L&R Equip		570,584			
Cert	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Ifficate holder is additional insured for G GL101 0707 available upon request.							tions and limitations of p	olicy fo XHIBI				
CE	RTIFICATE HOLDER				CANC	ELLATION	_	8	-				
	Manhattan Christian School 8000 Churchill Rd Manhattan, MT 59741				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										

© 1988-2014 ACORD CORPORATION White reserved. The ACORD name and logo are registered marks of ACORD



GALLCOU-02 **CERTIFICATE OF LIABILITY INSURANCE**

SHOWARD

DATE	(MM/DD/YYYY)	
07	/02/2018	

				XII				UKAN		07/0	02/2018	
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.												
lf	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).											
PRODUCER CONTACT Susan Howard, CISR												
		est, Inc. x 1800					o, Ext) (406) 9		FAX (A/C, No) (4 (D6) 5	87-9162	
		n, MT 59771				ADDRE						
								NAIC #				
						INSURE		27154				
INSU	RED										15819	
		Gallatin County 311 West Main, Room 304				INSURE						
		Bozeman, MT 59715				INSURE						
						INSURE						
co	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
IN C	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER	IREM	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPECT	т то \	WHICH THIS	
INSR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		1,500,000	
		CLAIMS-MADE X OCCUR	X		7910008530003		07/01/2018	07/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000	
	<u> </u>								MED EXP (Any one person) \$		0 1,500,000	
		l							PERSONAL & ADV INJURY \$		3,000,000	
	GE	VIL AGGREGATE L MIT APPL ES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$		3,000,000	
		OTHER:							PRODUCTS - COMP/OP AGG \$		-,,	
Α	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		1,500,000	
	X ANY AUTO				7910008530003		07/01/2018	07/01/2019	BODILY INJURY (Per person) \$			
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$				
	HIBEDS ONLY NOTOSYNEP						PROPERTY DAMAGE (Per accident) \$					
A		UMBRELLA LIAB X OCCUR							\$		5,000,000	
^	x	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			7910008530003		07/01/2018	07/01/2019	EACH OCCURRENCE \$		0,000,000	
	DED RETENTION \$								AGGREGATE \$		5,000,000	
в	B WORKERS COMPENSATION								PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		034329839	07/01/2018	07/01/2019	E.L. EACH ACC DENT \$		1,000,000		
									E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
	DES	s, describe under CR PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	FS (ACORI) 101. Additional Remarks Schedu	le. may b	e attached if mor	re space is requir	red)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured for General Liability per written contract or written agreement per conditions and limitations of policy form GRSGL101 0707 available upon request.												
CERTIFICATE HOLDER CANCELLATION												
Hope Lutheran Church 2152 W Graf St Bozeman, MT 59718						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 25 (2016/03)

© 1988-2015 ACORD CORPORATION

Daniels' Appeal Brief