



Three Forks Rodeo 2026

1709 Dillon Street
 Belgrade, MT 59714
 Phone: (406) 600-1375

Web: <https://www.invictusmt.com/>

QUOTE DATE April 29, 2026
 QUOTATION REV# 100-4
 QUOTATION VALID UNTIL May 13, 2026
 PREPARED BY Abagale McCardle

SERVICE DATE(S)
 Start: 7/17/2025 17:30
 End: 7/18/2025 21:00

Billing:
Make Checks out to Invictus Security Group

Description	Rate	Officers	Shift Duration (Hrs)	Total Hours	Amount
Shift Rate (Mon - Sun)	\$45.00	8	3.5	28	\$ 1,260.00
Shift Rate (Mon - Sun)	\$45.00	8	3.5	28	\$ 1,260.00
Drive Time Both Days (1 Hour/Officer x 2 Days)	\$25.00	16	1	16	\$ 400.00
TOTAL					\$ 2,920.00

Total due upon receipt

If you have any questions concerning this quotation, please reach out to Aaron at (406) 600-1375 or amccardle@invictusmt.com

THANK YOU FOR YOUR BUSINESS!

Notes:

Detail notes here if applicable

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2026

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).

PRODUCER Western Horizon Insurance, LLC 43 Mill Town Loop, Unit C Bozeman MT 59715		CONTACT NAME: Elizabeth Rask PHONE (A/C, No, Ext): (406) 388-2231 E-MAIL ADDRESS: westernhorizon.libby@gmail.com FAX (A/C, No):	
INSURED Invictus Security Group LLC 1709 Dillon Ave Belgrade MT 59714		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL FIRE & MARINE INS CO INSURER B: MONTANA STATE FUND INSURER C: KINSALE INS CO INSURER D: INSURER E: INSURER F:	
		NAIC # 20079 15819 38920	

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	Y	72LPS055005	03/27/2026	03/27/2027	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 \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
B	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/A	036032601	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability				01003602711	03/27/2026	03/27/2027	Limit \$1000,000

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

Certificate holder is an additional Insured.

CERTIFICATE HOLDER

CANCELLATION

City of Three Forks PO Box 187 Three Forks MT 59752	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 Elizabeth Rask
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

SCHEDULE

Name of Person or Organization (Additional Insured):

A person or organization for which designation as an "additional insured" (and subject to Section A below) is required by written contract with the Named Insured.

Location of Covered Operations:

Only the locations at which the Named Insured performs work or operations under written contract with the Additional Insured.

- A. Who Is An Insured (Section II)** is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:
1. Your ongoing operations performed for the additional insured(s) at the location designated above; or
 2. Your ongoing operations at the location designated above if the additional insured is the owner of the designated location; or
 3. Acts or omissions of the additional insured(s) in connection with their general supervision of such operations.
- B.** With respect to the insurance afforded these additional insureds, the following additional provisions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" for which the additional insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
2. "Bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of the additional insured(s) or any of their "employees", agents, or independent contractors, other than the general supervision by the additional insured(s) of your ongoing operations performed for the additional insured(s).
3. "Property damage" to:
 - a. Property owned, used or occupied by or rented to the additional insured(s);
 - b. Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or
 - c. "Your work".
4. "Bodily injury", "property damage" or "personal and advertising injury" occurring after "your work" at the involved designated location has been completed.

Company Name	Policy Number	72LPS055005
National Fire & Marine Insurance Company	Endorsement Effective	03/27/2026 12:01AM
Named Insured	Countersigned by	
Invictus Security Group LLC		

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is Issued subsequent to preparation of the policy .)

GLS - 1.7.1.69 - AL(53689) - HCA - 3/30/2026 5:30:55 PM EST