

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/10/2021

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).

	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su	CONTAC	orsement(s)	odaden. Cl	ISR			
PRODUCER Mountain West Insurance - Glenwood					CONTACT Stefan Hodgden, CISR PHONE (970) 945 9444						
201 Centennial St 4th Floor						(A/C, No, Ext): (970) 945-9111 (A/C, No): (970) 945-2350					
Gie	nwood Springs, CO 81601				E-MAIL ADDRESS: stefanh@mtnwst.com						
				-				RDING COVERAGE	Camar	-4!	NAIC #
			INSURER A: American Alternative Insurance Corporation 19				19720				
INSU	JRED The Homeowners Associatio	n of		-	INSURE						
	The Coryell Ranch	0.			INSURER C:						
	PO Box 13				INSURER D :						
	Carbondale, CO 81623			_	INSURER E :						
	V== 1 0= 0				INSURE	RF:		DE1/10/01/11/11			
				NUMBER: 1	IAV/E DI	EEN IOOUED 3		REVISION NUI		LIE DOI	LOV DEDICE
	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY RE										
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS S			
INSR	XCLUSIONS AND CONDITIONS OF SUCH F	ADDL			BEEN F	POLICY EFF	PAID CLAIMS: POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN DAMAGE TO RENT		\$	
	CLAIMS-MADE X OCCUR			CAU5005214		8/11/2021	8/11/2022	PREMISES (Ea occ	urrence)	\$	1,000,000
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGRE		GATE	\$	4 000 000	
	X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	1,000,000
_	OTHER:							COMBINED SINGLE	ELIMIT	\$	4 000 000
Α	AUTOMOBILE LIABILITY							(Ea accident)	= LIIVII I	\$	1,000,000
	ANY AUTO			CAU5005214	8/11/2021	8/11/2021	8/11/2022	BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (P		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	JE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	OTIL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EYECLITIVE	N/A						E.L. EACH ACCIDE	NT	\$	
								E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					2////222/		E.L. DISEASE - PO	LICY LIMIT	\$	
A Building CAU5005214				8/11/2021	8/11/2022	Building			350,175		
Α	Fidelity			CAU5005214		8/11/2021	8/11/2022	Fidelity			150,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Residential Building Coverage	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	red)			
NO I	Residential Building Coverage										
See	Notes for Additional Coverages										
CE	RTIFICATE HOLDER				CANC	ELLATION					
								ESCRIBED POLIC			
	Homeowners Association Co	ру						IEREOF, NOTICI CY PROVISIONS.	L VVILL	DE DE	LIAEKED IN
	Informational Only										

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE

JOES

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED				
Mountain West Insurance - Glenwood		The Homeowners Association of The Coryell Ranch PO Box 13 Carbondale. CO 81623				
POLICY NUMBER						
SEE PAGE 1		Carbondate, CO 01023				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE DAGE 1				

ADDITIONAL REMARKS

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

Additional Coverage Info

No Residential Building Coverage, 29 Lots, \$2,500 Deductible

Ordinance and Law: Coverage A - Included Coverage B - \$300,000 Coverage C - \$300,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A - Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included Wind/Hail Coverage: Included Separation of Insured: Included

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors and Officers Liability

Eff 8/11/21-22

Policy #: CAU500521 Limit: \$1,000,000 Deductible: \$0

JOES

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

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PRO	DUCER				CONTA NAME:	^{⊂⊤} Stefan H	odgden, Cl	SR			
Mountain West Insurance - Glenwood						PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350					
	Centennial St 4th Floor nwood Springs, CO 81601				E-MAIL ADDRESS: stefanh@mtnwst.com						
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					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: American Alternative Insurance Corporation 19720						
	1959					an Anemai	ive ilisurance corpo	rauon	19720		
INSU	JRED The Homeowners Association			INSURER B:							
	The Corvell Ranch	JII 01			INSURER C:						
	PO Box 13				INSURER D:						
	Carbondale, CO 81623				INSURER E:						
						INSURER F:					
СО	VERAGES CER	TIFIC	ATE	NUMBER: 1				REVISION NUMBER:	1		
	HIS IS TO CERTIFY THAT THE POLICIE										
	NDICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEKEIN IS SUBJECT	TO ALL	THE TERMS,	
NSR		ADDL INSD				POLICY EFF	POLICY EXP	LIN	ITS 2TI		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			CALLEGGEDAA		0/44/2024	0/44/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIIVIS-IVIADE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			CAU5005214		8/11/2021	8/11/2022	PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	· ·	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$ \$	1,000,000	
	OTHER:								\$		
Α	A AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
			CAU5005214			8/11/2021	8/11/2022	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acciden			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
	LULED TO A LUAD OCCUP								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Building			CAU5005214		8/11/2021	8/11/2022	Building		350,175	
Α	Fidelity			CAU5005214		8/11/2021	8/11/2022	Fidelity		150,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (A	CORE	101 Additional Remarks Schedu	ıle may h	e attached if mo	re snace is requir	ed)			
Tolo	der is included under Crime/Fidelity as F	rope	rty N	lanager via CAU1130.	,		o opado io roquii	 ,			
	Notes for Additional Coverages										
see	Notes for Additional Coverages										
CE	RTIFICATE HOLDER				CANO	CELLATION					
								ESCRIBED POLICIES BE			
	Tru Real Estate				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	PO Box 13	AUTHORIZED REPRESENTATIVE									
	Carbondale, CO 81623										

JOES

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page	1	٥f	1

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Agreed Amount Endorsement: N/A - Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included Wind/Hail Coverage: Included Separation of Insured: Included

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors and Officers Liability

Eff 8/11/21-22

Policy #: CAU500521 Limit: \$1,000,000 Deductible: \$0