

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/13/2024

| 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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                 |                               |                                       |     |             |                    |   |  |                               |  |               |        |  |
| PRODUCER CONT<br>NAME   |                               |                                       |     |             |                    |   |  | ONTACT<br>AME: Phillip Naples |  |               |        |  |
| CDC   | CRS Insurance Brokerage       |                                       |     |             |                    |   | PHONE (303) 996-7803 FAX (A/C, No):  |                               |  |               |        |  |
|   |                               | uth Meridian Boulevard, Suite 400     |     |             |                    | E-MAIL<br>ADDRESS: selectbusiness@crsdenver.com |  |                               |  |               |        |  |
| Englewood Colorado, 80112   |                               |                                       |     |             |                    |   |  |                               |  |               | NAIC # |  |
| LIIG  |                               |                                       |     |             |                    |   | INSURER A : Auto-Owners Insurance Company  |                               |  |               |        |  |
| INSURED   |                               |                                       |     |             |                    | INSURER B :                                     |  |                               |  |               |        |  |
| Glen Vista Property Owners Association, Inc.  |                               |                                       |     |             |                    | INSURER C :                                     |  |                               |  |               |        |  |
|   | 93 Wendy Dr                   |                                       |     |             |                    |   | INSURER D :  |                               |  |               |        |  |
|   | Cotopaxi Colorado, 81223      |                                       |     |             |                    |   | INSURER E :  |                               |  |               |        |  |
| COL   | Cotopaxi Colorado, 81225      |                                       |     |             |                    |   | INSURER F :  |                               |  |               |        |  |
| CO  | 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<br>LTR   |                               | TYPE OF INSURANCE                     |     | SUBR<br>WVD | POLICY NUMBER      |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)    | LIMIT  | s             |        |  |
|   | Х                             | COMMERCIAL GENERAL LIABILITY          |     |             |                    |   |  |                               | EACH OCCURRENCE                                | \$1000        | 00.00  |  |
|   |                               | CLAIMS-MADE X OCCUR                   |     |             |                    |   |  |                               | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)   | \$3000        | 00.00  |  |
|   |                               |                                       |     |             |                    |   |  |                               | MED EXP (Any one person)                       | \$1000        |        |  |
| А   |                               |                                       | Y   | Y           | 162332-74682300-23 |   | 04/17/2023   | 04/17/2024                    | PERSONAL & ADV INJURY                          | \$1000        | 00.00  |  |
|   | GEN                           | N'L AGGREGATE LIMIT APPLIES PER:      |     |             |                    |   |  |                               | GENERAL AGGREGATE                              | \$3000        |        |  |
|   | Х                             | POLICY PRO-<br>JECT LOC               |     |             |                    |   |  |                               | PRODUCTS - COMP/OP AGG                         | \$3000        |        |  |
|   |                               | OTHER:                                |     |             |                    |   |  |                               |  | \$            |        |  |
|   | AUT                           | TOMOBILE LIABILITY                    |     |             |                    |   |  |                               | COMBINED SINGLE LIMIT<br>(Ea accident)         | \$1000        | 00 00  |  |
|   |                               | ANY AUTO                              |     |             |                    |   |  |                               | BODILY INJURY (Per person)                     | \$            |        |  |
| А   |                               | OWNED SCHEDULED                       |     |             | 162332-74682300-23 |   | 04/17/2023   | 04/17/2024                    | BODILY INJURY (Per accident)                   | \$            |        |  |
|   | Х                             | AUTOS ONLY AUTOS<br>HIRED X NON-OWNED |     |             | 102332 74002300 23 |   | 0  | 0                             | PROPERTY DAMAGE                                | \$            |        |  |
|   | ~                             |                                       |     |             |                    |   |  |                               | (Per accident)                                 | \$            |        |  |
|   |                               |                                       |     |             |                    |   |  |                               | EACH OCCURRENCE                                | \$            |        |  |
|   |                               |                                       |     |             |                    |   |  |                               | AGGREGATE                                      |               |        |  |
|   |                               |                                       |     |             |                    |   |  |                               | AGGREGATE                                      | \$            |        |  |
|   | WOF                           | DED RETENTION \$                      |     |             |                    |   |  |                               | PER OTH-<br>STATUTE ER                         | \$            |        |  |
|   |                               | PROPRIETOR/PARTNER/EXECUTIVE          |     |             |                    |   |  |                               |  | •             |        |  |
|   | OFF                           | ICER/MEMBER EXCLUDED?                 | N/A |             |                    |   |  |                               | E.L. EACH ACCIDENT                             | \$            |        |  |
|   | If yes                        | ndatory in NH)                        |     |             |                    |   |  |                               | E.L. DISEASE - EA EMPLOYEE                     |               |        |  |
| <u> </u>  | DES                           | CRIPTION OF OPERATIONS below          |     |             |                    |   |  |                               | E.L. DISEASE - POLICY LIMIT<br>Each Occurrence | \$<br>\$ 1000 | 000.00 |  |
| А   | E,                            | rrors & Omissions                     |     |             | 162332-74682300-23 |   | 04/17/2023   | 04/17/2024                    | General Aggregate                              |               | 000.00 |  |
| ~   |                               |                                       |     |             | 102332-74082300-23 |   | 04/1//2023   | 04/1//2024                    | General Aggregate                              | ⊅ 1000        | 000.00 |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |                               |                                       |     |             |                    |   |  |                               |  |               |        |  |
| CERTIFICATE HOLDER CANCELLATION   |                               |                                       |     |             |                    |   |  |                               |  |               |        |  |
| [Proof of Insurance]  |                               |                                       |     |             |                    |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                               |  |               |        |  |
|   |                               |                                       |     |             |                    | Phillip Naples                                  |  |                               |  |               |        |  |

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