

CERTIFICATE OF LIABILITY INSURANCE

8/26/2024

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. 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).

tł	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRO	DUCER				CONTA NAME: PHONE	^{c⊤} Jesse Je	nkins				
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor						o, Ext): (970) 3		FAX (A/C, No):			
	nwood Springs, CO 81601			E-MAIL ADDRE	_{ss:} jessej@r	ntnwst.con	n				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
							• •	ive Insurance Corpor	ation	19720	
INSURED Valley View Village Homeowners Association, Inc.						RB:		•			
						INSURER C:					
c/o Property Professionals HOA Management					INSURER D :						
704 Main Street, Suite B Silt, CO 81652						RE:					
					INSURE						
CO	VERAGES CERT	ΓIFIC	:ATF	NUMBER: 1				REVISION NUMBER:		1	
	HIS IS TO CERTIFY THAT THE POLICIES				HAVE B	EEN ISSUED T			THE PO	LICY PERIOD	
١N	NDICATED. NOTWITHSTANDING ANY RE	QUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY I							ED HEREIN IS SUBJECT	TO ALL	THE TERMS,	
INSR LTR TYPE OF INSURANCE			SUBR WVD	. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIM				re			
A			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	CLAIMS-MADE X OCCUR			CAU5020846		9/21/2024	0/24/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CEANVIS-IVIADE X OCCUR			CAU3020646		9/21/2024	9/21/2025	i i	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,000	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
	ANY AUTO			CAU5020846		9/21/2024	9/21/2025	(Ea accident)	\$		
	OWNED SCHEDULED AUTOS ONLY			CAU3020040		3/2 1/2024	3/2 1/2023	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
	 								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							PER OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below			0.41150000.40		0/04/0004	0/04/0005	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
Α	Directors & Officers			CAU5020846		9/21/2024		Each Claim/Aggregate		1,000,000	
Α	Crime			CAU5020846		9/21/2024	9/21/2025	Fidelity		150,000	
DES **NC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI D RESIDENTIAL COVERAGE**	ES (A	ACORD	101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
HOA Copy Informational Only						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 S. A.					