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**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 2/25/2025

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 t							require an end	orsemen	t. A S	statement on	
PRODUCER					CONTACT NAME:							
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor						PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350						
Glenwood Springs, CO 81601					E-MAIL ADDRESS:							
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: Auto-Owners Insurance Company					2801	
INSURED						INSURER B:						
	Deerfield Park Homeowners			INSURER C:								
c/o Property Professionals HC 1430 Railroad Avenue, Suite A				agement	INSURER D:							
	Rifle, CO 81650				INSURER E :							
					INSURER F:							
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR	XCLUSIONS AND CONDITIONS OF SUCH	POLICY FEE POLICY FYP										
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000		
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			74357404		3/2/2025	3/2/2026	DAMAGE TO RENT PREMISES (Ea occ	CE ED urrence)	\$	300,000	
								MED EXP (Any one person)		\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COM		\$	2,000,000 1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
DÉSCRIPTION OF OPERATIONS below			74257404		2/2/2025		2/2/2020	E.L. DISEASE - POLICY LIMIT		\$	7	
A Directors & Officers				74357404		3/2/2025	3/2/2026	Occurrence/Aggregate			1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)				
**Inf	ormational Copy Only**											
CERTIFICATE HOLDER						CANCELLATION						
	- <del></del>											
INSURED'S COPY 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						