

CERTIFICATE OF LIABILITY INSURANCE

DAWNDREAM

PAINPAS-01

DATE (MM/DD/YYYY) 1/10/2025

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.

lt th	SU nis c	BROGATION I ertificate does	S V	VAIVED, subject confer rights	ect to	the cert	terms and conditions of ificate holder in lieu of su	uch end	dorsement(s)		require an endorseme	nt. As	tatement on	
PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601									CONTACT Dawndrea Morse					
									PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):					
									E-MAIL ADDRESS: dawndream@mtnwst.com					
								INSURER(S) AFFORDING COVERAGE NAIC #						
								INSURE			ive Insurance Corpo	ration		
INSURED Painted Pastures Owners Association									INSURER B : Continental Casualty Company 20443					
									INSURER C:					
c/o Property Professionals HOA 1430 Railroad Avenue, Suite A Rifle, CO 81650							agement	INSURER D:						
								INSURER E :						
			• • •					INSURER F:						
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:					
T IN C	HIS IDIC/ ERTI	IS TO CERTIFY ATED. NOTWIT IFICATE MAY B	THST E IS	IAT THE POLIC FANDING ANY SSUED OR MAY	IES O REQU / PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR R DOCUMENT WITH RESF SED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE						DDL SUBR ISD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A A	X				INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
•	_	CLAIMS-MAD		X OCCUR			CAU5194195		1/9/2025	1/9/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		OCCUR A OCCUR					CA03194193		1/9/2023	1/9/2020	i i	\$	5,000	
			-						MED EXP (Any one person)	\$	1,000,000			
				-						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC								GENERAL AGGREGATE	\$	1,000,000			
	_		CT	LOC							PRODUCTS - COMP/OP AGG		1,000,000	
Α	AUT	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO] SCHEDIJI ED			CAU5194195		1/9/2025	1/9/2026	BODILY INJURY (Per person)	\$		
	Х	OWNED AUTOS ONLY HIRED AUTOS ONLY	Х	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)			
	_	AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB		OCCUR								\$		
		EXCESS LIAB	H	CLAIMS-MAD	=						EACH OCCURRENCE	\$		
			NITIC		-						AGGREGATE	\$		
	WOF	DED RETENTION \$ WORKERS COMPENSATION									PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below										_			
				N/A						E.L. EACH ACCIDENT	\$			
										E.L. DISEASE - EA EMPLOYE				
В							618975747		1/9/2025	1/9/2026	E.L. DISEASE - POLICY LIMIT Occurrence/Aggregate		1,000,000	
A		Fidelity Section					CAU5194195		1/9/2025	1/9/2026	Fidelity		150,000	
DES **Inf	CRIPT Orma	TION OF OPERATIO ational Copy Or	NS / I าไy**	LOCATIONS/VEHII * NO RESIDEN	CLES (ATIAL C	ACORE	D 101, Additional Remarks Schedu RAGE	ule, may t	e attached if mo	re space is requi	red)			
CE	RTIF	FICATE HOLD	ER					CANCELLATION						
HOA 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 Thur dress Mlonse					