



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2019

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).

<b>PRODUCER</b> Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC PO Box 1576 Glenwood Springs, CO 81602	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 945-9111</b>	FAX (A/C, No): <b>(970) 945-2350</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Cincinnati Insurance Company</b>	<b>NAIC # 10677</b>
	<b>INSURER B : Greenwich Insurance Company</b>	
	<b>INSURER C : Pinnacol Assurance</b>	<b>41190</b>
	<b>INSURER D : Travelers Property Casualty Company of America</b>	<b>25674</b>
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**INSURED**

**River Valley Ranch Master Association**  
**444 River Valley Ranch Dr.**  
**Carbondale, CO 81623**

**COVERAGES** **CERTIFICATE NUMBER: 1** **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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>X COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>ENP0176486</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	EACH OCCURRENCE	<b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>500,000</b>
							MED EXP (Any one person)	<b>5,000</b>
							PERSONAL & ADV INJURY	<b>1,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	<b>2,000,000</b>
							PRODUCTS - COMP/OP AGG	<b>2,000,000</b>
								<b>\$</b>
<b>A</b>	<b>X AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>ENP0176486</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>1,000,000</b>
							BODILY INJURY (Per person)	<b>\$</b>
							BODILY INJURY (Per accident)	<b>\$</b>
							PROPERTY DAMAGE (Per accident)	<b>\$</b>
								<b>\$</b>
<b>B</b>	<b>X UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE			<b>PPP7455351</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	EACH OCCURRENCE	<b>25,000,000</b>
							AGGREGATE	<b>\$</b>
							<b>Aggregate</b>	<b>25,000,000</b>
DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>								<b>\$</b>
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			<b>4113682</b>	<b>5/1/2018</b>	<b>5/1/2019</b>	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	<b>\$</b>
							E.L. EACH ACCIDENT	<b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE	<b>500,000</b>
							E.L. DISEASE - POLICY LIMIT	<b>500,000</b>
<b>A</b>	<b>Property</b>			<b>ENP0176486</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	<b>Building</b>	<b>5,000,000</b>
<b>D</b>	<b>Crime</b>			<b>105715703</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	<b>Crime</b>	<b>925,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*See notes for additional information\*

**CERTIFICATE HOLDER** **CANCELLATION**

Home Owners Copy	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 <i>Samantha Buck</i>



## ADDITIONAL REMARKS SCHEDULE

AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC		NAMED INSURED River Valley Ranch Master Association 444 River Valley Ranch Dr. Carbondale, CO 81623	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

## Additional Coverage Information

**\*\*NO RESIDENTIAL BUILDING COVERAGE / Master HOA with Clubhouse\*\***

## Ordinance and Law:

Coverage A - Included  
Coverage B - \$500,000  
Coverage C - \$500,000

Coinsurance: Waived per Agreed Value

Agreed Amount Endorsement: Yes

Inflation Guard: No

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Separation of Insured: Included in GL

Crime: Property Manager & non-compensated employees included: Yes

## Directors &amp; Officers - Hudson Insurance

Policy # HFPHNNPP4354

Effective 1/1/19-20

Limit: \$1,000,000

Ded: \$50,000