



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/27/2024

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).

<b>PRODUCER</b> <b>Mountain West Insurance - Glenwood</b> <b>201 Centennial St 4th Floor</b> <b>Glenwood Springs, CO 81601</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>(970) 945-9111</b> <b>FAX (A/C, No):</b> <b>(970) 945-2350</b> <b>E-MAIL ADDRESS:</b>	
INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Cincinnati Insurance Company</b>	<b>10677</b>
	INSURER B : <b>Greenwich Insurance Company</b>	<b>22322</b>
	INSURER C : <b>Continental Casualty Company</b>	<b>20443</b>
	INSURER D :	
	INSURER E :	
	INSURER F :	

<b>INSURED</b>  <b>River Valley Ranch Master Association</b> <b>444 River Valley Ranch Drive</b> <b>Carbondale, CO 81623</b>	
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**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>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>ENP0176486</b>	<b>3/1/2024</b>	<b>3/1/2025</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> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>Employee Ben</b> \$ <b>1,000,000</b>	
<b>A</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> 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>3/1/2024</b>	<b>3/1/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
<b>B</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>PPP7494312</b>	<b>3/1/2024</b>	<b>3/1/2025</b>	EACH OCCURRENCE \$ <b>25,000,000</b> AGGREGATE \$ <b>25,000,000</b> <b>Prods/Comp</b> \$ <b>25,000,000</b>	
<b>A</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    N / A			<b>ENP0176486</b>	<b>3/1/2024</b>	<b>3/1/2025</b>	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER  E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
<b>C</b>	<b>Property</b>  <b>Crime</b>			<b>618950685</b>	<b>3/1/2024</b>	<b>3/1/2025</b>	<b>Building</b> <b>8,505,900</b> <b>Fidelity</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 Coverages\*\***

**CERTIFICATE HOLDER**

HOA Copy	<b>CANCELLATION</b>  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>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Mountain West Insurance - Glenwood</b>		NAMED INSURED <b>River Valley Ranch Master Association 444 River Valley Ranch Drive Carbondale, CO 81623</b>	
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\*\***  
**\*\*Provides no Mortgage Insurance for Owners within the Association\*\***

**Directors & Officers – Continental Casualty Co**  
**Policy # 618950685**  
**Limit \$1,000,000**