

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2024

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.

this certificate does not confer rights to the certificate holder in lieu						CONTACT Betsy Kraft						
State Farm LAVONNE GORSUCH					P	PHONE (A/C, No, Ext): (970) 243-1117 FAX (A/C, No): (970) 245-98						245-9839
501 HIGHWAY 50					1 6	F-MAII	DETCVA	LGORSUCH	I.COM	(AIO, NO).		
GRAND JUNCTION, CO 81503-1907						ADDRESS.						NAIC#
GRAND JUNCTION, CC			0 10	03-13	-	INSURER(S) AFFORDING COVERAGE INSURER A: STATE FARM FIRE AND CASUALTY COMPANY					NY	NAIC# 25143
INCLIDED												
F G PATIO HOA INC C/O HERITA				GE F	DODEDTY	INSURER B:						
				MIAGETHOLEKTI			INSURER C:					
MANAGEMENT						INSURER D:						
2650 NORTH AVE UNIT 116						INSURER E :						
GRAND JUNCTION, CO 81501-6404						INSURER F : REVISION NUMBER:						
COV	/ERA	TO CERTIFY THAT THE POLICIES			NUMBER:	C DEEN	I ISSUED TO				HE PO	LICY PERIOD
INI CE EX	DICATI	ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH	QUII PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION C THE INSURANCE AFFORDEI	OF ANY D BY BEEN RI	CONTRACT THE POLICIE EDUCED BY I	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WIT D HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	با	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
	Xc	OMMERCIAL GENERAL LIABILITY							EACH OCCURRENT			00,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occ		\$ 300	The state of the s
							00/05/0004	00/05/0005	MED EXP (Any one		\$ 5,0	
Α					96-EH-N976-6	- 1	06/25/2024	06/25/2025	PERSONAL & ADV	INJURY		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGRE			00,000
	POLICY PRO-								PRODUCTS - COM	P/OP AGG	-	00,000
		THER:							COMBINED SINGL	FIIMIT	\$	
	AUTOMOBILE LIABILITY								(Ea accident)		\$	a to the second and the second and the second
	ANY AUTO OWNED SCHEDULED								BODILY INJURY (F		\$	
-	A	AUTOS ONLY AUTOS							BODILY INJURY (F		\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	E	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$			- Contractor				PER	ОТН-	\$	
		ERS COMPENSATION MPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER		
	ANY PR	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$			
	(Manda	atory in NH)							E.L. DISEASE - EA EMPLOYEE \$			QUARTE IN THE STATE OF THE STAT
	DESCR	RIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
		N OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedule	e, may be	attached if mor	e space is requir	red)			
Loca	ation: 2	2493 LAKE PARK CT GRAND JCT CO 81505										
		GRAND JCT CO 81505										
								- 1				
												A CARLOTTON CO.
A 100 0		ATT HALDED				MARIO	ELI ATION					

CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. HERITAGE PROPERTY MANAGEMENT **AUTHORIZED REPRESENTATIVE** 2650 North Ave Unit 116 Batey Knots. LSAS CO 81501 **GRAND JCT**

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