## **CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company 
American Family Mutual Insurance Company, S.I. if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Renaissance 360 Homeowners Association 100 Renaissance Ct Grand Junction, CO 81507 Agent's Name, Address and Phone Number (Agt./Dist.) Michael L Daniels 2648 Patterson Rd Ste G Grand Junction, CO 81506 (970) 241-6132 (124/307)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.

This certificate does not amend extend or after the coverage afforded by the policies listed below

This certificate does not amend COVERAGES	, extend or alter the coverage	afforded by the	e policies liste	d below.		
This is to certify that policies of insurance lis				ted, notwithstanding any requirement, term or co erein is subject to all the terms, exclusions, and o		
december with respect to which this established high se issued of high pertain, the insulative and			Y DATE			
TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	LIMITS OF LIABILITY		
Homeowners/				Bodily Injury and Property Damage		
Mobilehomeowners Liability				Each Occurrence	\$	,000
Boatowners Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$	,000
Personal Umbrella Liability				Bodily Injury and Property Damage		
•				Each Occurrence	\$	,000
Farm/Ranch Liability				Farm Liability & Personal Liability		
				Each Occurrence	\$	,000
				Farm Employer's Liability		
				Each Occurrence	\$	,000
Workers Compensation and Employers Liability †				Statutory		*******
				Each Accident	\$	,000
				Disease - Each Employee	\$	,000
				Disease - Policy Limit	\$	,000
General Liability				General Aggregate	\$	4,000,000
				Products - Completed Operations Aggregate	\$	4,000,000
Liability (occurrence)	91002-54617-73	05/24/2023	05/24/2024	Personal and Advertising Injury	\$	2,000,000
	0.002 0.017 10	00/2 1/2020	00/21/2021	Each Occurrence	\$	2,000,000
				Damage to Premises Rented to You	\$	100,000
				Medical Expense (Any One Person)	\$	5,000
Businessowners Liability				Each Occurrence††	\$	,000
				Aggregate††	\$	,000
Liquor Liability				Common Cause Limit	\$	,000
				Aggregate Limit	\$	,000
Automobile Liability				Bodily Injury - Each Person	\$	,000
☐ Any Auto						
☐ All Owned Autos				Bodily Injury - Each Accident	\$	,000
☐ Scheduled Autos				Property Damage	\$	,000,
☐ Hired Auto				1 , 3	<u> </u>	
☐ Nonowned Autos				Bodily Injury and Property Damage Combined	\$	,000
					*	,
Excess Liability						
☐ Commercial Blanket Excess				Each Occurrence/Aggregate	\$	2,000,000
☐ Directors and Officers					•	,,
Other (Miscellaneous Coverag	es)					
DESCRIPTION OF OPERATIONS / LOCAT	TIONS / VEHICLES / RESTRICTIONS / S	PECIAL ITEMS		• The disable of	1	
				†The individua shown as ins		Have to
						licy. Have not
						rations aggregate ce limit and is
				included in po		
CERTIFICATE HOL	DER'S NAME AND ADDRESS	CANCELLATION				
OLKIII IOATE 1101	DER O NAME AND ADDRESS	<u> </u>	Should any of the above described policies be cancelled before the expiration date			
			thereof, the company will endeavor to mail *( days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days			
			shown.			
			X This certifies coverage on the date of issue only. The above described policies are			
-			subject to cancellation in conformity with their terms and by the laws of the state of issue.  DATE ISSUED  AUTHORIZED REPRESENTATIVE			
		<b>I</b>	5/30/2023			
			05/30/2023 Michael Daniels			

**U-201 Ed. 5/00** Stock No. 06668 Rev. 7/02