

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2024

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 suc	
PRODUCER	NAME: Woody-valley insurance Agency, inc.
Moody-Valley Insurance Agency, Inc. 760 Horizon Drive, Suite 302	PHONE (A/C, No, Ext): (970) 248-8300 FAX (A/C, No, Ext): (970) 242-1894 E-MAIL E-MAIL E-MAIL (A/C, No): certrequestgi@moodyins.com FAX (A/C, No): (970) 242-1894
	ADDRESS:
Grand Junction CO 81506	INSURER(S) AFFORDING COVERAGE NAIC #
Summit Meadows West Homeowners' Association, Inc.	INSURER B :
c/o Heritage Property Management	INSURER C :
2650 North Ave; Ste 116	INSURER D :
Grand Junction CO 81501	
COVERAGES CERTIFICATE NUMBER: 24/25 Master	INSURER F : 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.	
LTR TTPE OF INSURANCE INSD WVD POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY) LIMITS
	EACH OCCURRENCE \$ 1,000,000
CLAIMS-MADE CLAIMS-MADE	PREMISES (Ea occurrence) \$ 500,000
A	MED EXP (Any one person) \$ 5,000 03/16/2024 03/16/2025 DEESONAL & ADV (NULLEY) \$ 1,000,000
	PERSONAL & ADV INJURY \$,000,000
POLICY PRO- JECT LOC	
	COMBINED SINGLE LIMIT \$
	(Ea accident)
ANY AUTO	BODILY INJURY (Per person) \$
AUTOS ONLY AUTOS HIRED NON-OWNED	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE c
	(Per accident)
	\$
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED RETENTION \$	PER OTH-
AND EMPLOYERS' LIABILITY Y/N	STATUTE ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$
DÉSÉRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule.	may be attached if more snare is required)
L CERTIFICATE HOLDER	CANCELLATION
Heritage Property Management 2650 North Ave Ste 116	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Grand Junction CO 81501	Hoody-Vallery Insurance Agenary
© 1988-2015 ACORD CORPORATION. All rights reserved.	

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 00032197

LOC #:

Page

of



ADDITIONAL REMARKS SCHEDULE

AGENCY
Moody-Valley Insurance Agency, Inc.
POLICY NUMBER
CARRIER
NAIC CODE
EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ²⁵ FORM TITLE: ^{Certificate} of Liability Insurance: Notes

CONTRACTUAL LIABILITY APPLIES PER POLICY TERMS AND CONDITIONS

IMPORTANT:

The policy forms referenced will be sent via email only. To obtain copies, please send your request with the email address to certrequestgj@moodyins.com.