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 Summit View Vista THA 2650 North Ave Unit 116 Grand Junction, CO 81501

Agent's Name, Address and Phone Number (Agt./Dist.) Michael L Daniels 2648 Fatterson 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 alter the coverage afforded by the policies listed below.

COVERAGES		1.750 				100000000000000000000000000000000000000
This is to certify that policies of insurance lis document with respect to which this certification.	sted below have been issued to the insure ate may be issued or may pertain, the ins	ed named above for the urance afforded by the	policy period indicat policies described he	ted, notwithstanding any requirement, term or co erein is subject to all the terms, exclusions, and c	ndition of ar conditions of	ny contract or other such policies.
TYPE OF INSURANCE	POLICY NUMBER	POLIC EFFECTIVE (Mo, Day, Yr)	Y DATE EXPIRATION (Mo, Day, Yr)	LIMITS OF LIABILI	LIABILITY	
Homeowners/		, , , , , , , , , , , , , , , , , , , ,		Bodily Injury and Property Damage		
Mobilehomeowners Liability				Each Occurrence	\$,00,
				Bodily Injury and Property Damage	· · · · · · · · · · · · · · · · · · ·	
Boatowners Liability				Each Occurrence	\$,00
Dana and Husburtte Liebitt				Bodily Injury and Property Damage		
Personal Umbrella Liability				Each Occurrence	\$,00
Farm/Ranch Liability				Farm Liability & Personal Liability		
				Each Occurrence	\$,00,
				Farm Employer's Liability		
				Each Occurrence	\$,00,
Workers Compensation and Employers Liability †				Statutory		*******
				Each Accident	\$,00
				Disease - Each Employee	\$,00
				Disease - Policy Limit	\$,00
General Liability				General Aggregate	\$	2,000,00
☑ Commercial General				Products - Completed Operations Aggregate	\$	2,000,00
Liability (occurrence)	05-XU3655-01	40/04/0004	10/01/2022	Personal and Advertising Injury	\$	1,000,00
		10/01/2021		Each Occurrence	\$	1,000,00
				Damage to Premises Rented to You	\$	100,00
				Medical Expense (Any One Person)	\$	5,00
Businessowners Liability				Each Occurrence††	\$,00,
				Aggregate††	\$,00,
Liquor Liability				Common Cause Limit	\$,00,
				Aggregate Limit	\$,00,
Automobile Liability				Bodily Injury - Each Person	\$,00
Any Auto				Bodily Injury - Each Accident	\$,00,
All Owned Autos						
Scheduled Autos				Property Damage	\$,00
Hired Auto						~~
☐ Nonowned Autos ☐				Bodily Injury and Property Damage Combined	\$,00,
Excess Liability						
Commercial Blanket Excess	05-XU3655-02	10/01/2021	10/01/2022	Each Occurrence/Aggregate	\$	1,000,00
Directors and Officers Other (Missellaneaus Coverse)	00)					
Other (Miscellaneous Coverag						
DESCRIPTION OF OPERATIONS / LOCA [*]	TIONS / VEHICLES / RESTRICTIONS / S	SPECIAL HEMS		++Products-Cor	ured elected under this po mpleted Ope ach occurrer	d to blicy. Have no erations aggregate nce limit and is
CERTIFICATE HOL	DER'S NAME AND ADDRES	S		CANCELLATION		3 c. 4
The second secon	Topo antico, a si si su a travellican cica a si si mandi cu	H uj st	nereof, the compan older named but fa pon the company, nown.	ailure to mail such notice shall impose no obl its agents or representatives. *10 days unle	tten notice ligation or l ess differen	to the Certificatiability of any kirus transfer of day
		L	ubject to cancellation	overage on the date of issue only. The all on in conformity with their terms and by the la	ws of the s	tate of issue.
			0/20/2021	AUTHORIZED REPRE	SENTATIV	E

Stock No. 06668 Rev. 7/02