

MICHELLEC

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

6/3/2025

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to				uch end	orsement(s)		require an endorsemer	it. As	statement on	
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						CONTACT Michelle Castilla					
						PHONE (A/C, No, Ext): (970) 826-3495 FAX (A/C, No):					
						E-MAIL ADDRESS: michellec@mtnwst.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURE	RA: Acuity I	nsurance (Co.		14184	
INSURED						INSURER B:					
The Estates at Stone Ridge HOA c/o Heritage Property Management 2650 North Ave. Suite 116 Grand Junction, CO 81501						RC:					
						INSURER D :					
						RE:					
						RF:					
	OVERAGES CER	TIFI	CATI	E NUMBER:	INCORE	····		REVISION NUMBER:			
T II	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R DERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S O EQU PER	F INS IREM TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A		IIIOD	1			(MINUDD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ZK7361		8/25/2024	8/25/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	CENII ACCRECATE LIMIT APPLIES DED.								\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREGATE	Ť.	2,000,000	
								PRODUCTS - COMP/OP AGG	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α				ZK7361		8/25/2024	8/25/2025	Per Claim/Aggregate	Ψ	1,000,000	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)			
	residential property coverage.										
CERTIFICATE HOLDER						CANCELLATION					
Insured Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						RIZED REPRESE	NTATIVE				
					Mic	nelle Cartilla					