



**MICHELLEC**

**6/3/2025**

|   |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
|---|--|--|--|---|-----------------------|---|--|--------------------------------------|---------------|---|--------------|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| <b>PRODUCER</b><br><b>Mountain West In &amp; Fin Serv LLC</b><br><b>100 E Victory Way</b><br><b>Craig, CO 81625</b>   | <table border="1"> <tr> <td colspan="2"> <b>CONTACT NAME: Michelle Castilla</b> </td> </tr> <tr> <td> <b>PHONE (A/C, No, Ext): (970) 826-3495</b> </td> <td> <b>FAX (A/C, No):</b> </td> </tr> <tr> <td colspan="2"> <b>E-MAIL ADDRESS: michellec@mtnwst.com</b> </td> </tr> <tr> <td> <b>INSURER(S) AFFORDING COVERAGE</b> </td> <td> <b>NAIC #</b> </td> </tr> <tr> <td> <b>INSURER A : Acuity Insurance Co.</b> </td> <td> <b>14184</b> </td> </tr> <tr> <td><b>INSURER B :</b></td><td></td></tr> <tr> <td><b>INSURER C :</b></td><td></td></tr> <tr> <td><b>INSURER D :</b></td><td></td></tr> <tr> <td><b>INSURER E :</b></td><td></td></tr> <tr> <td><b>INSURER F :</b></td><td></td></tr> </table> | <b>CONTACT NAME: Michelle Castilla</b> |  | <b>PHONE (A/C, No, Ext): (970) 826-3495</b> | <b>FAX (A/C, No):</b> | <b>E-MAIL ADDRESS: michellec@mtnwst.com</b> |  | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b> | <b>INSURER A : Acuity Insurance Co.</b> | <b>14184</b> | <b>INSURER B :</b> |  | <b>INSURER C :</b> |  | <b>INSURER D :</b> |  | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| <b>CONTACT NAME: Michelle Castilla</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>PHONE (A/C, No, Ext): (970) 826-3495</b>   | <b>FAX (A/C, No):</b>  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>E-MAIL ADDRESS: michellec@mtnwst.com</b>   |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  | <b>NAIC #</b>  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER A : Acuity Insurance Co.</b>   | <b>14184</b>   |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER B :</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER C :</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER D :</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER E :</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER F :</b>  |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURED</b><br><br><b>The Estates at Stone Ridge HOA</b><br><b>c/o Heritage Property Management</b><br><b>2650 North Ave. Suite 116</b><br><b>Grand Junction, CO 81501</b> |  |  |  |   |                       |   |  |                                      |               |   |              |                    |  |                    |  |                    |  |                    |  |                    |  |

| INSR LTR                 | TYPE OF INSURANCE   |                              |                                     |                              | ADDL INSD                                 | SUBR WVD                       | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY)     | LIMITS                   |                          |              |                                     |
|--------------------------|---|------------------------------|-------------------------------------|------------------------------|---|--------------------------------|---------------|-------------------------|-----------------------------|--------------------------|--------------------------|--------------|-------------------------------------|
| A                        | <input checked="" type="checkbox"/>   | COMMERCIAL GENERAL LIABILITY |                                     |                              |   |                                | ZK7361        | 8/25/2024               | 8/25/2025                   | EACH OCCURRENCE          | \$ 1,000,000             |              |                                     |
|                          | <input type="checkbox"/>  | CLAIMS-MADE                  | <input checked="" type="checkbox"/> | OCCUR                        | DAMAGE TO RENTED PREMISES (Ea occurrence) |                                |               |                         |                             | \$ 100,000               |                          |              |                                     |
|                          | <input type="checkbox"/>  |                              |                                     |                              |   |                                |               |                         |                             | MED EXP (Any one person) | \$ 5,000                 |              |                                     |
|                          | <input type="checkbox"/>  |                              |                                     |                              |   |                                |               |                         |                             | PERSONAL & ADV INJURY    | \$ 1,000,000             |              |                                     |
|                          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                              |                                     |                              | GENERAL AGGREGATE                         |                                |               |                         |                             | \$ 2,000,000             |                          |              |                                     |
|                          | <input checked="" type="checkbox"/>   | POLICY                       | <input type="checkbox"/>            | PRO-JECT                     | <input type="checkbox"/>                  |                                |               |                         |                             | LOC                      | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |                                     |
|                          | <input type="checkbox"/>  | OTHER:                       |                                     |                              |   |                                |               |                         |                             |                          | \$                       |              |                                     |
|                          | AUTOMOBILE LIABILITY  |                              |                                     |                              |   |                                |               |                         |                             |                          |                          |              | COMBINED SINGLE LIMIT (Ea accident) |
| <input type="checkbox"/> | ANY AUTO OWNED AUTOS ONLY   | <input type="checkbox"/>     | SCHEDULED AUTOS                     | BODILY INJURY (Per person)   |   | \$                             |               |                         |                             |                          |                          |              |                                     |
| <input type="checkbox"/> | HIRED AUTOS ONLY  | <input type="checkbox"/>     | NON-OWNED AUTOS ONLY                | BODILY INJURY (Per accident) |   | \$                             |               |                         |                             |                          |                          |              |                                     |
| <input type="checkbox"/> |   |                              |                                     |                              |   | PROPERTY DAMAGE (Per accident) | \$            |                         |                             |                          |                          |              |                                     |
|                          |   |                              |                                     |                              |   | \$                             |               |                         |                             |                          |                          |              |                                     |
|                          |   |                              |                                     |                              |   | \$                             |               |                         |                             |                          |                          |              |                                     |
|                          | <input type="checkbox"/>  | UMBRELLA LIAB                |                                     | <input type="checkbox"/>     | OCCUR                                     |                                |               |                         | EACH OCCURRENCE             | \$                       |                          |              |                                     |
|                          | <input type="checkbox"/>  | EXCESS LIAB                  |                                     | <input type="checkbox"/>     | CLAIMS-MADE                               |                                |               |                         | AGGREGATE                   | \$                       |                          |              |                                     |
|                          | <input type="checkbox"/>  | DED                          | <input type="checkbox"/>            | RETENTION \$                 |   |                                |               |                         |                             | \$                       |                          |              |                                     |
|                          |   |                              |                                     |                              |   |                                |               |                         |                             |                          |                          |              |                                     |
|                          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                              |                                     |                              | N / A                                     |                                |               |                         | <input type="checkbox"/>    | PER STATUTE              | <input type="checkbox"/> | OTH-ER       |                                     |
|                          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                              |                                     |                              |   |                                |               |                         | <input type="checkbox"/>    | E.L. EACH ACCIDENT       | \$                       |              |                                     |
|                          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                              |                                     |                              |   |                                |               |                         | E.L. DISEASE - EA EMPLOYEE  | \$                       |                          |              |                                     |
|                          |   |                              |                                     |                              |   |                                |               |                         | E.L. DISEASE - POLICY LIMIT | \$                       |                          |              |                                     |
| A                        | Directors & Officers  |                              |                                     |                              |   |                                | ZK7361        | 8/25/2024               | 8/25/2025                   | Per Claim/Aggregate      | 1,000,000                |              |                                     |