



DESERID-02

RENEEW

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/26/2026

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 such endorsement(s).

PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625	CONTACT <b>Renee Worrell</b> NAME: PHONE (A/C, No, Ext): <b>(970) 254-0863</b> FAX (A/C, No): <b>(970) 243-3914</b>
	E-MAIL ADDRESS: <b>reneew@mtnwst.com</b>
INSURED  Desert Ridge Condominium Association 373 Ridges Blvd Grand Junction, CO 81507	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Auto-Owners Insurance Company</b>
	NAIC # <b>2801</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E: INSURER F:

**COVERS** **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR    GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:			74074942	9/23/2025	9/23/2026	EACH OCCURRENCE	\$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>						
	MED EXP (Any one person)	\$ <b>10,000</b>						
	PERSONAL & ADV INJURY	\$ <b>1,000,000</b>						
	GENERAL AGGREGATE	\$ <b>2,000,000</b>						
	PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>						
<b>Hired Nonowned</b>		\$ <b>1,000,000</b>						
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
UMBRELLA LIAB		<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$
EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						\$
DED	RETENTION \$						EACH OCCURRENCE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N / A				PER STATUTE	OTHE- R
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Heritage Property Management 2650 North Avenue, Suite 116 Grand Junction, CO 81501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Rich J. Elliott</i>