



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/16/2024

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 such endorsement(s).

<b>PRODUCER</b>  Jesse Dryer Agency LLC- Farmers Insurance	<b>CONTACT NAME:</b> Service Department	
	<b>PHONE (A/C No. Ext):</b> 970-444-1111	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> service@jessedryeragency.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  River Bend HOA c/o Heritage Property Management 2650 North Ave Unit 116 Grand Junction, CO 81501	<b>INSURER A:</b> Travelers	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

**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
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BIP-9T102870-24-42	10/07/24	10/07/25	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							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)

Certificate holder listed acts as an additional insured when required by written contract in respects to the general liability.

## CERTIFICATE HOLDER

## CANCELLATION

Heritage Property Management  
2650 North Ave 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

*Lindsay Idler*

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11-07-2024

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS <b>Jesse Dryer Agency LLC</b> <b>2558 Patterson Rd</b> <b>Grand Junction CO 81505</b>		PHONE (A/C, No, Ext): <b>9702419474</b>	COMPANY NAME AND ADDRESS <b>Travelers ST. PAUL FIRE AND MARINE INSURANCE COMPANY</b>	NAIC NO:
FAX (A/C, No):	E-MAIL ADDRESS: <b>service@jessedryeragency.com</b>		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE <b>Condo/Townhome Premier Policy</b>	
NAMED INSURED AND ADDRESS <b>River Bend HOA</b> <b>2650 North Ave Unit 116 Grand Junction CO 81501</b>			LOAN NUMBER	POLICY NUMBER <b>BIP-9T102870-24-42</b>
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE <b>10/07/2024</b>	EXPIRATION DATE <b>10/07/2025</b>
			CONTINUED UNTIL TERMINATED IF CHECKED	
			THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION <b>64 Units In 11 Buildings Located at</b> <b>386 Sunnyside Cir Grand Junction CO 81504</b>	<b>Tory Mangold</b> <b>387 Sunnyside Cir #E ...</b>
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 EVIDENCE OF PROPERTY INSURANCE 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.	

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ <b>15,069,978</b>		DED: <b>\$5,000</b>			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>57,600</b> Actual Loss Sustained; # of months: <b>2</b>		
BLANKET COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$ <b>57,600</b>			
TERRORISM COVERAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>15,000</b> DED: <b>5,000</b>			
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
REPLACEMENT COST	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
AGREED VALUE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
COINSURANCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>\$100,000</b> DED: <b>5,000</b>			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>Included</b> DED: <b>None</b>			
- Demolition Costs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>Included</b> DED: <b>None</b>			
- Incr. Cost of Construction	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>Included</b> DED: <b>None</b>			
EARTH MOVEMENT (If Applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: DED:			
FLOOD (If Applicable)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>365,000</b> DED: <b>2% of limit</b>			
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>Policy limit</b> DED: <b>2% of limit</b>			
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: <b>Policy limit</b> DED: <b>2% of limit</b>			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE <b>Jesse Dryer</b>

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