



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2026

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 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 AMERICAN FAMILY BROKERAGE, INC. 6000 American Pkwy Madison, WI 53783	CONTACT NAME	
	PHONE (A/C No, Ext):	FAX (A/C No):
	EMAIL ADDRESS:	
INSURED HORSESHOE RIDGE ESTATES 2650 NORTH AVE UNIT 116 GRAND JUNCTION, CO 81501	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Liability Insurance Company	25895
	INSUREB B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<b>GENERAL LIABILITY</b>	X		NPP1657667	03/04/2026	03/04/2027	EACH OCCURENCE	\$1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	Included		
							\$			
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
								\$		
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$		
	<b>EXCESS LIAB</b>						AGGREGATE	\$		
	DED							\$		
	RETENTION \$							\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A					<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE-EA EMPLOYEE	\$
									E.L. DISEASE-POLICY LIMIT	\$
A	<b>Community Association Directors &amp; Officers Liability</b>			NPP1657667	03/04/2026	03/04/2027	Each Claim	\$1,000,000		
							Aggregate	\$1,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

CG2017 10/93 Additional Insured - Townhouse Associations is part of this policy.

CERTIFICATE HOLDER

Heritage Property Management  
 2650 North Ave, Ste 116  
 Grand Junction, CO 81501

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.

AUTHORIZED REPRESENTATIVE



## ADDITIONAL REMARKS SCHEDULE

AGENCY AMERICAN FAMILY BROKERAGE, INC.		INSURED HORSESHOE RIDGE ESTATES 2650 NORTH AVE UNIT 116 GRAND JUNCTION, CO 81501	
POLICY NUMBER NPP1657667		EFFECTIVE DATE: 3/4/2026	
CARRIER United States Liability Insurance Company	NAIC CODE 25895		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: ACORD 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

COVERAGE PART	LIMITS
<b>Commercial Liability</b>	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000
<b>Directors And Officers Liability</b>	
Community Association Directors & Officers Liability Each Claim Limit	\$1,000,000
Community Association Directors & Officers Liability In The Aggregate Limit	\$1,000,000
Community Association Directors & Officers Liability Retention	\$1,000