



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/2024

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> <b>BRAD DEMPSEY AGENCY, LLC</b> 569 32 RD STE 5C GRAND JUNCTION, CO 81504		<b>CONTACT NAME:</b> BRAD DEMPSEY AGENCY, LLC	
		PHONE (A/C, No, Ext): (970) 822-4524	FAX (A/C, No):
		E-MAIL ADDRESS: <b>bdempsey@amfam.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> American Family Insurance	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Stone Canyon Ranch Homeowners		<b>NAIC #</b> 10386	

**COVERAGES**                                  **CERTIFICATE NUMBER: 317680351017423104578030328**                                  **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>COMMERCIAL GENERAL LIABILITY</b>			91004-56705-73	02/01/2024	02/01/2025	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<b>\$1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)
	OTHER:						<b>\$5,000</b>
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY
	ANY AUTO						GENERAL AGGREGATE
	OWNED AUTOS ONLY		SCHEDULED AUTOS				<b>\$2,000,000</b>
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY				PRODUCTS - COMP/OP AGG
	<b>UMBRELLA LIAB</b>						
	<b>EXCESS LIAB</b>						COMBINED SINGLE LIMIT (Ea accident)
	DED		RETENTION \$				BODILY INJURY (Per person)
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						BODILY INJURY (Per accident)
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				PROPERTY DAMAGE (Per accident)
	(Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						EACH OCCURRENCE
	<b>PROFESSIONAL LIABILITY</b>						AGGREGATE

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

**CERTIFICATE HOLDER**

**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

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