

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

RENEEW

DATE (MM/DD/YYYY) 5/23/2024

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).

thi	s certificate does not confer rights t							require air chac	/ Scilicii	i. A 3	tatement on	
PROD	UCER				CONTA NAME:	CT Katie Sw	eet					
Home Loan & Investment Company 205 North 4th Street						PHONE (A/C, No, Ext): (970) 254-0864 FAX (A/C, No): (970) 243-3914						
	d Junction, CO 81501				E-MAIL ADDRE	ss: katies@l	nlic.com		, , ,			
						INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	R A : Liberty	Mutual				23043	
Kokopelli Professional Plaza Owners Association PO Box 1866						INSURER B:						
						INSURER C:						
						INSURER D:						
Grand Junction, CO 81502					INSURER E:							
						INSURER F:						
COV	ERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	BER:			
INI CE	IS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WIT SED HEREIN IS SU	H RESPE	CT TC	WHICH THIS	
INSR	TYPE OF INSURANCE	SUBR		POLICY EFF (MM/DD/YYYY)								
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENC		\$	1,000,000	
-	CLAIMS-MADE X OCCUR			BZS 59659373		5/22/2024	5/22/2025	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$		
ı						0,12,101	0,11,1010	MED EXP (Any one p		\$	15,000	
f								PERSONAL & ADV II	-	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP		\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
Ī	ANY AUTO							BODILY INJURY (Per	r person)	\$		
f	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per		\$		
f	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
Ī	AUTOS ONET							(i or decidenty		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
		N / A						E.L. EACH ACCIDEN	т	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A	1					E.L. DISEASE - EA E	MPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CERTIFICATE HOLDER Heritage Property Management 2650 North Avenue Suite 116						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.						
Grand Junction, CO 81501					AUTHORIZED REPRESENTATIVE							