

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
Ponderosa Ranch HOA
 2650 North Ave Unit 116
 Grand Junction, CO 81501

Agent's Name, Address and Phone Number (Agt./Dist.)
The Dieter Agency LLC
 315 S 12TH ST UNIT B
 MONTROSE, CO 81401
 (970) 240-2155 (012/307)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

| COVERAGES | | | | |
|---|---------------|-------------------------|---|--|
| This is to certify that 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. | | | | |
| TYPE OF INSURANCE | POLICY NUMBER | POLICY DATE | | LIMITS OF LIABILITY |
| | | EFFECTIVE (Mo, Day, Yr) | EXPIRATION (Mo, Day, Yr) | |
| Homeowners/ Mobilehomeowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Boatowners Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Personal Umbrella Liability | | | | Bodily Injury and Property Damage Each Occurrence \$,000 |
| Farm/Ranch Liability | | | | Farm Liability & Personal Liability Each Occurrence \$,000 |
| | | | | Farm Employer's Liability Each Occurrence \$,000 |
| Workers Compensation and Employers Liability † | | | | Statutory ***** |
| | | | | Each Accident \$,000 |
| | | | | Disease - Each Employee \$,000 |
| | | | | Disease - Policy Limit \$,000 |
| General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/> | 05-XK7234-04 | 04/19/2021 | 04/19/2022 | General Aggregate \$ 2,000,000 |
| | | | | Products - Completed Operations Aggregate \$ 2,000,000 |
| | | | | Personal and Advertising Injury \$ 1,000,000 |
| | | | | Each Occurrence \$ 1,000,000 |
| | | | | Damage to Premises Rented to You \$ 100,000 |
| | | | | Medical Expense (Any One Person) \$ 5,000 |
| Businessowners Liability | | | | Each Occurrence†† \$,000 |
| | | | | Aggregate†† \$,000 |
| Liquor Liability | | | | Common Cause Limit \$,000 |
| | | | | Aggregate Limit \$,000 |
| Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/> | | | | Bodily Injury - Each Person \$,000 |
| | | | | Bodily Injury - Each Accident \$,000 |
| | | | | Property Damage \$,000 |
| | | | | Bodily Injury and Property Damage Combined \$,000 |
| Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/> | | | | Each Occurrence/Aggregate \$,000 |
| Other (Miscellaneous Coverages) | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS | | | | |
| †The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate. | | | | |
| CERTIFICATE HOLDER'S NAME AND ADDRESS | | | CANCELLATION | |
| Heritage Property Management 2650 North Ave #116 Grand Junction, CO 81501 | | | <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. | |
| | | | <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue. | |
| DATE ISSUED 06/23/2021 | | | AUTHORIZED REPRESENTATIVE Xavier Holland | |