

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/2020

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).

| this certificate does not confer rights to the certificate holder in lieu  |  |  |                                  |  |   |
|--|--|--|----------------------------------|--|---|
| PRODUCER   |  | CONTACT Seth Rockey  |                                  |  |   |
| State Farm Seth Rockey State Farm  |  | PHONE (A/C, No, Ext): 9702423202 FAX (A/C, No): 9702426855   |                                  |  |   |
| 1226 N 7th St Ste 100  | E-MAIL<br>ADDRE                                  |  |                                  |  |   |
| Grand Junction, CO 81501   | LINGILL  |  | URERISI AFFOR                    | RDING COVERAGE                                     | NAIC#                                   |
| CONTROL CONTROL OF A STATE OF THE STATE OF T |  | 01.1.  |                                  | Casualty Company                                   | 25143                                   |
| INSURED  |  | INSURER A: State Farm Fire and Casualty Company 25143  |                                  |  |   |
| Paradise Hills (Filing 6) HOA  |  |  |                                  |  |   |
| and a service of the  |  | RC:  |                                  |  |   |
| 2650 North Ave Unit 116  |  | INSURER D:   |                                  |  |   |
| Grand Junction, CO 81501   |  | RE:  |                                  |  |   |
|  |  | INSURER F:   |                                  |  |   |
| COVERAGES CERTIFICATE NUMBER:  |  |  |                                  | REVISION NUMBER:                                   |   |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY   | TION OF AN<br>FORDED BY                          | IY CONTRACT<br>THE POLICIE<br>REDUCED BY   | OR OTHER S DESCRIBE PAID CLAIMS. | DOCUMENT WITH RESPECT TO ALL.                      | TO WHICH THIS                           |
| INSR LTR TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY NUMBER  | BER  | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)       | LIMITS   |   |
| COMMERCIAL GENERAL LIABILITY   | Sandhista San San San San San San San San San Sa |  |                                  | EACH OCCURRENCE \$ 5                               | 00,000                                  |
| CLAIMS-MADE OCCUR 96-32-2174-6   |  |  |                                  |  | 00,000                                  |
|  |  |  |                                  | TIVEINIOLO (La occanione)                          | 0,000                                   |
|  |  | 04/10/2020   | 04/10/2021                       | PERSONAL & ADV INJURY \$                           | - Vertical Property Constitution of the |
|  |  |  |                                  |  | ,000,000                                |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC  |  |  |                                  |  | ,000,000                                |
|  |  |  |                                  | \$   | ,,                                      |
| OTHER:   |  |  |                                  | COMBINED SINGLE LIMIT &                            |   |
| AUTOMOBILE LIABILITY   |  |  |                                  | (Ea accident) 5  BODILY INJURY (Per person) \$     |   |
| ANY AUTO OWNED SCHEDULED   |  |  |                                  |  | ······································  |
| AUTOS ONLY AUTOS NON-OWNED   |  |  |                                  | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |   |
| AUTOS ONLY AUTOS ONLY  |  |  |                                  | (Per accident)                                     |   |
|  |  |  |                                  | \$   |   |
| UMBRELLA LIAB OCCUR  |  |  |                                  | EACH OCCURRENCE \$                                 | 14-14-15-1(00-1-15-1-1-15-1-1-1)        |
| EXCESS LIAB CLAIMS-MADE  |  |  |                                  | AGGREGATE \$                                       | Out when the same of the same           |
| DED RETENTION\$  |  | La constante de la constante d   |                                  | \$   |   |
| WORKERS COMPENSATION   |  |  |                                  | PER OTH-<br>STATUTE ER                             |   |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  |  |  |                                  | E.L. EACH ACCIDENT \$                              |   |
| OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)   |  |  |                                  | E.L. DISEASE - EA EMPLOYEE \$                      |   |
| If yes, describe under DESCRIPTION OF OPERATIONS below   |  |  |                                  | E.L. DISEASE - POLICY LIMIT \$                     |   |
| DESCRIPTION OF STREET, STORY   |  |  |                                  |  | كالتنافي بفيدتها سنووسات فوسيت          |
|  |  |  |                                  |  |   |
|  |  |  |                                  |  |   |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks :  | Scriedule, may                                   | pe aπached if mo   | re space is requi                | reaj   |   |
| CERTIFICATE HOLDER   | CAN  | CELLATION  |                                  |  |   |
| MA   |  | 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 SEPRESENTATIVE  AUTHORIZED SEPRESENTATIVE   |                                  |  |   |

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