



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2025

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 Jeff Crandell Agency, Inc.
	PHONE (A/C No, Ext): 970 257-1160 FAX (A/C No):
	EMAIL ADDRESS: JCGRANDEL@amfam.com
INSURED BROOKFIELD SUBDIVISION, INC 2650 NORTH AVE SUITE 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	GENERAL LIABILITY	X	NPP1653442	12/10/2025 12/10/2026	EACH OCCURENCE	\$1,000,000	
	X 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	
					PRODUCTS-COMP/OP AGG	Included	
						\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:				COMBINED SINGLE LIMIT (Ea accident)	\$	
	X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
	AUTOMOBILE LIABILITY				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> ANY AUTO					\$	
	<input type="checkbox"/> ALL OWNED AUTOS				EACH OCCURRENCE	\$	
	<input type="checkbox"/> HIRED AUTOS				AGGREGATE	\$	
						\$	
	UMBRELLA LIAB				WC STATUS-TORY LIMITS	OTHR-	
	<input type="checkbox"/> OCCUR				E.L. EACH ACCIDENT	\$	
	EXCESS LIAB				E.L. DISEASE-EA EMPLOYEE	\$	
	<input type="checkbox"/> CLAIMS-MADE				E.L. DISEASE-POLICY LIMIT	\$	
A	DED RETENTION \$				Each Claim	\$1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Aggregate	\$1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Community Association Directors & Officers Liability			NPP1653442	12/10/2025 12/10/2026		

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

Brookfield Subdivision Inc 2650 North Ave Suite 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
<input type="checkbox"/> <i>Thomas P. Nealey</i>		



ADDITIONAL REMARKS SCHEDULE

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AGENCY AMERICAN FAMILY BROKERAGE, INC.		INSURED BROOKFIELD SUBDIVISION, INC 2650 NORTH AVE SUITE 116 GRAND JUNCTION, CO 81501
POLICY NUMBER NPP1653442		
CARRIER United States Liability Insurance Company	NAIC CODE 25895	EFFECTIVE DATE: 12/10/2025

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
Commercial Liability	
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
Directors And Officers Liability	
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