## **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

Village Park Residential Owner 2650 North Ave, Suite 116 Grand Junction, CO 81501 Agent's Name, Address and Phone Number (Agt./Dist.) Michael L Daniels 2648 Patterson Rd Ste G Grand Junction, CO 81506

(970) 241-6132 (124/307)

## 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.

TYPE OF INSURANCE	POLICY NUMBER		Y DATE			
TTPE OF INSURANCE	POLICT NUMBER	EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)		T	
Homeowners/				Bodily Injury and Property Damage		
Mobilehomeowners Liability				Each Occurrence	\$	,000
Boatowners Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$	,000
Personal Umbrella Liability Farm/Ranch Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$	,000
				Farm Liability & Personal Liability	<u>^</u>	
					\$	,000
				Farm Employer's Liability	<u>^</u>	0.00
				Each Occurrence	\$	,000
Workers Compensation and Employers Liability †				Statutory	<b>^</b>	***********
				Each Accident	\$	,000
				Disease - Each Employee	\$	,000
				Disease - Policy Limit	\$	,000
General Liability				General Aggregate	\$	2,000,000
🗵 Commercial General				Products - Completed Operations Aggregate	\$	2,000,000
Liability (occurrence)	05-XH1412-06	06/13/2023	06/13/2024	Personal and Advertising Injury	\$	1,000,000
		00,10,2020	00,10,2021	Each Occurrence	\$	1,000,000
				Damage to Premises Rented to You	\$	100,000
				Medical Expense (Any One Person)	\$	5,000
Businessowners Liability				Each Occurrence <b>††</b>	\$	,000
				Aggregate <b>††</b>	\$	,000
				Common Cause Limit	\$	,000
				Aggregate Limit	\$	,000
Automobile Liability				Bodily Injury - Each Person	\$	,000
☐ Any Auto				Reditutrium, Freeb Assident	<b>^</b>	0.00
All Owned Autos				Bodily Injury - Each Accident	\$	,00
Scheduled Autos				Property Damage	\$	,00
Hired Auto						
Nonowned Autos				Bodily Injury and Property Damage Combined	\$	,000
Excess Liability						
Commercial Blanket Excess	05-XH1412-05	03/03/2023	03/03/2024	Each Occurrence/Aggregate	\$	1,000,000
x directors and officers						
Other (Miscellaneous Coverag	es)		•			
DESCRIPTION OF OPERATIONS / LOCAT	TIONS / VEHICLES / RESTRICTIONS / S	SPECIAL ITEMS		The individual		Have
				shown as insu be covered ur		o ;v. ∏Have no
				<b>++</b> Products-Com	, pleted Opera	tions aggregate
				is equal to eac included in pol	h occurrence	limit and is
CERTIFICATE HOLDER'S NAME AND ADDRESS				CANCELLATION		
CERTIFICATE HOL	DER 5 NAME AND ADDRES	3   [	Should any of the above described policies be cancelled before the expiration date			
		th				the Certificate
				illure to mail such notice shall impose no oblig		
			oon the company, i iown.	its agents or representatives. *10 days unles	s amerent r	iumper of days
		×	X This certifies coverage on the date of issue only. The above described policies are			
				n in conformity with their terms and by the law		e of issue.
		DA	ATE ISSUED	AUTHORIZED REPRES	SENTATIVE	
			7/11/2023	Michael Daniels		