



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/3/2025

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 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).

|  |  |                |
|--|--|----------------|
| PRODUCER<br>Mountain West Insurance - Glenwood<br>201 Centennial St 4th Floor<br>Glenwood Springs, CO 81601                                    | CONTACT NAME: Michelle Castilla          |                |
|  | PHONE (A/C, No, Ext): (970) 826-3495     | FAX (A/C, No): |
|  | E-MAIL ADDRESS: michellec@mtnwst.com     |                |
|  | INSURER(S) AFFORDING COVERAGE            |                |
|  | INSURER A : Westfield Insurance Group    |                |
| INSURED<br>Mahogany Vistas Homeowners Association, Inc.<br>c/o Property Professionals HOA Management<br>704 Main St. Suite B<br>Silt, CO 81652 | INSURER B : Continental Casualty Company |                |
|  | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          | PENDING       | 9/3/2025                | 9/3/2026                | EACH OCCURRENCE \$ 1,000,000   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                       |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|          |  |           |          |               |                         |                         | MED EXP (Any one person) \$ Excluded                                 |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC |           |          |               |                         |                         | HNOA Liability \$ 1,000,000  |
|          | OTHER:   |           |          |               |                         |                         |  |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                          |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                              |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |  |           |          |               |                         |                         | \$   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR   |           |          |               |                         |                         | EACH OCCURRENCE \$   |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         | AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N           |           |          |               |                         |                         | E.L. EACH ACCIDENT \$  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A        | Property   |           |          | PENDING       | 9/3/2025                | 9/3/2026                | Building 1,791,810   |
| B        | Crime  |           |          | 768677252     | 9/3/2025                | 9/3/2026                | Fidelity 25,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*\*See Notes for Additional Coverage Information\*\*

|                    |  |
|--------------------|--|
| CERTIFICATE HOLDER | CANCELLATION   |
| UNIT OWNERS COPY   | 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<br>Michelle Castilla   |



## ADDITIONAL REMARKS SCHEDULE

|   |                             |  |  |
|---|-----------------------------|--|--|
| AGENCY<br><b>Mountain West Insurance - Glenwood</b> |                             | NAMED INSURED<br><b>Mahogany Vistas Homeowners Association, Inc.<br/>c/o Property Professionals HOA Management<br/>704 Main St. Suite B<br/>Silt, CO 81652</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>                  |                             |  |  |
| CARRIER<br><b>SEE PAGE 1</b>                        | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>  |  |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## 25-26 Additional Coverage Information

**\*\*Replacement Cost Valuation Applies\*\* / 6 Units**

**\*\*See attached Unit Owner Letter for how property coverage applies\*\***

**Ordinance and Law:  
\$250,000**

**Property Deductible: \$5,000  
Wind/Hail Deductible: 2% Per Building  
Coinsurance: 100%  
Agreed Amount Endorsement: Yes  
Inflation Guard: N/A  
Equipment Breakdown: Included  
Discharge from Sewer, Drain, Sump Limit (Not Flood Related): \$100,000  
Wind/Hail Coverage: Included  
Separation of Insured: Included  
Fidelity Bond: Property Manager & non-compensated employees included: Yes**

**Directors and Officers Liability:  
Carrier: Continental Casualty Company  
Policy #: 768677252  
Policy Term: 9/3/2025 to 9/3/2026  
Limit: \$1,000,000 Per Occurrence / Aggregate  
Additional Defense Limit: Included  
Deductible: \$1,000**

**Cancellation Policy:  
10 Days for Non-Payment of Premium  
30 Days for Any Other Reason**