



MAHOVIS-01

SELENAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2026

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 Mountain West Insurance - Glenwood 201 Centennial St Ste 120 Glenwood Springs, CO 81601-2894	CONTACT NAME:	
	PHONE (A/C, No, Ext): (970) 945-9111	FAX (A/C, No): (970) 945-2350
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Mahogany Vistas Homeowners Association, Inc. c/o Property Professionals HOA Management 1430 Railroad Ave., Suite A Rifle, CO 81650	INSURER A : Westfield Insurance Group	
	INSURER B : Philadelphia Indemnity Insurance Company 18058	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☒ LOC OTHER:			498785X	9/3/2026	9/3/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 0
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							HNOA Liability \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE ☐ OTH-ER ☐
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Property			498785X	9/3/2026	9/3/2027	Building 1,827,646
B	Crime			PCAC027271-0126	9/3/2026	9/3/2027	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



ADDITIONAL REMARKS SCHEDULE

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Mahogany Vistas Homeowners Association, Inc. c/o Property Professionals HOA Management 1430 Railroad Ave., Suite A Rifle, CO 81650	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

26-27 Additional Coverage Information

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

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

Building Ordinance Law A: Included
Building Ordinance Law B: \$250,000
Building Ordinance Law C: \$100,000

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: 9/3/2026 to 9/3/2027
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