

CERTIFICATE OF LIABILITY INSURANCE

DAWNDREAM

DATE (MM/DD/YYYY) 11/2/2023

PAINPAS-01

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).

tł	is c	ertificate does not confer	rights t	o the	certi	ificate holder in lieu of su	ch end	lorsement(s)		require air endo	1301110111		atement on	
	DUCE							^{CT} Dawndre	a Morse					
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601								PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):						
								E-MAIL ADDRESS: dawndream@mtnwst.com						
							INSURER(S) AFFORDING COVERAGE					NAIC #		
							INSURE	INSURER A: American Alternative Insurance Corporation					19720	
INSURED Painted Pastures Owners Association c/o Property Professionals HOA Management								R в : Contine	ental Casua	Ity Company			20443	
								INSURER C:						
704 Main Street Suite B Silt, CO 81652							INSURER D:							
							INSURE	RE:						
							INSURER F:							
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:						
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE ATED. NOTWITHSTANDING IFICATE MAY BE ISSUED (JSIONS AND CONDITIONS C	ANY R OR MAY	REQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH ED HEREIN IS SUI	H RESPE	CT TO	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR INSD WVD POLICY NUMBER		DELITI	POLICY EFF								
A	X COMMERCIAL GENERAL LIABILITY		ITY	INSD	WVD			(IVIIVI/DD/TTTT)	(WINDUITTT)	EACH OCCURRENCE \$		1,000,000		
		CLAIMS-MADE X OCC				CAU5194193		1/9/2023	1/9/2024	DAMAGE TO RENTEI PREMISES (Ea occurr	D D	\$	1,000,000	
								.,,,_,.	MED EXP (Any one person) \$			5,000		
										PERSONAL & ADV IN	·	\$	1,000,000	
	GEN	J	FR·							GENERAL AGGREGA		\$		
	X		DC							PRODUCTS - COMP/		\$	1,000,000	
		OTHER:								111020010 0011117		\$		
Α	AUT	TOMOBILE LIABILITY								COMBINED SINGLE I (Ea accident)	IMIT	\$	1,000,000	
		ANY AUTO				CAU5194193		1/9/2023	1/9/2024	BODILY INJURY (Per	person)	\$		
		OWNED SCHEDU AUTOS	JLED							BODILY INJURY (Per	accident)	\$		
	X	HIRED X NON-OV AUTOS	VNED ONLY							PROPERTY DAMAGE (Per accident)		\$		
												\$		
		UMBRELLA LIAB OCC	UR							EACH OCCURRENCE	≣	\$		
		EXCESS LIAB CLA	IMS-MADE							AGGREGATE		\$		
		DED RETENTION \$										\$		
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT \$		\$			
				"						E.L. DISEASE - EA EM	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$		\$		
В		ectors & Officers				618975747		1/9/2023		Occurrence/Agg	regate		1,000,000	
Α	Fide	elity Section				CAU5194193		1/9/2023	1/9/2024	Fidelity			150,000	
DES **Inf	CRIPT	TION OF OPERATIONS / LOCATIOI ational Copy Only** NO RE	NS / VEHIC SIDENT	LES (A	ACORE OVE	∪ 0 101, Additional Remarks Schedu RAGE	le, may b	e attached if mor	e space is requir	ed)				
CERTIFICATE HOLDER								CANCELLATION						
HOA Copy Only								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 ATTOM AS AN ANDONS						