

AIA + Shultz CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2025

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 DEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT NAME: Kassey Cota PHONE (A/C, No. Ext); E-MAIL ADDRESS: Red Rocks Insurance, LLC (970) 312-8200 (970) 455-1010 2764 Compass Drive Kassey@redrocksinsurance.com Suite 232 INSURER(S) AFFORDING COVERAGE NAIC # **Grand Junction** CO 81506 Secura Insurance 22543 INSURER A : INSURED Old Guard Ins. Co. 17558 INSURER B : Arrowhead Improvement Association Inc INSURER C PO Box 68 INSURER D : INSURER E : Cimarron CO 81220 INSURER F **COVERAGES CERTIFICATE NUMBER:** CL2582004605 **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. POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR 100,000 s PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) CP3443433 07/25/2025 07/25/2026 1,000,000 s PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY LOC s PRODUCTS - COMPIOP AGG OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 s (Ea accident) ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY SCHEDULED B 496270J 08/12/2025 08/12/2026 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED \$ AUTOS ONLY AUTOS ONLY \$ UMBRELLALIAB OCCUR **EACH OCCURRENCE** s EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ s WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT ICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 5 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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. Schultz Family Trust Investments 21401 Alpine Plateau Rd AUTHORIZED REPRESENTATIVE Cimarron CO 81220

Shultz to AlA



DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 09/24/2025 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(les) 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). CONTACT NAME: Moody-Valley Insurance Agency, Inc. (970) 242-1894 PHONE (A/C, No. Ext): E-MAIL (970) 248-8300 Moody-Valley Insurance Agency, Inc. certrequestgj@moodyins.com 760 Horizon Drive, Suite 302 ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE 14184 CO 81506 Acuity Grand Junction INSURER A : INSURED INSURER B : Shultz Family Trust Investments INSURER C : 21401 Alpine Plateau Rd INSURER D : INSURER E: CO 81220 Cimarron INSURER F 25-26 Master **REVISION NUMBER:** COVERAGES CERTIFICATE 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. ADDLISUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 5,000 • MED EXP (Any one person) 11/11/2024 11/11/2025 1,000,000 ZH2507 A PERSONAL & ADV INJURY s 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 POLICY PRO-PRODUCTS - COMPIOP AGG s OTHER COMBINED SINGLE LIMIT s AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO OWNED SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE HIRED (Per accident) AUTOS ONLY S UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE S RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** 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. Arrowhead Improvements Association PO Box 68 **AUTHORIZED REPRESENTATIVE**

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Cimarron

CO 81220

Fire Dept

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDMYYY) 08/20/2025

CERTIFICATE DOES NOT AFFIRMATIVELY OF	R NEGATIVELY AMEND, EXTE DOES NOT CONSTITUTE A	D CONFERS NO RIGHTS UPON THE CERTIFICATI END OR ALTER THE COVERAGE AFFORDED BY CONTRACT BETWEEN THE ISSUING INSURER(S)	THE POLIC	CIES
	erms and conditions of the p	icy(ies) must have ADDITIONAL INSURED provisi olicy, certain policies may require an endorsemen ch endorsement(s).		
RODUCER		CONTACT Kassey Cota		
Red Rocks Insurance, LLC		PHONE (970) 312-8200 (A/C, No. Ext):	(A/C, No):	(970) 455-1010
764 Compass Drive		E-MAIL ADDRESS: Kassey@redrocksinsurance.com		
Suite 232		INSURER(S) AFFORDING COVERAGE		NAIC #
Grand Junction	CO 81506	INSURER A: Secura Insurance		22543
ISURED		INSURER B : Old Guard Ins. Co.		17558

INSURED				INSURE	RB: Old Guar	d iris. Co.			17556
l	Arrowhead Improvement Associ	INSURER C:							
	PO Box 68			INSURE					
				INSURE	RE:				
	Cimarron		CO 81220	INSURE					
COVER	AGES CER	TIFICATE	NUMBER: CL258200460				REVISION NUMBER:		
INDICA CERTI	S TO CERTIFY THAT THE POLICIES OF ATED NOTWITHSTANDING ANY REQUI FICATE MAY BE ISSUED OR MAY PERTI JSIONS AND CONDITIONS OF SUCH PO	INSURANCE REMENT, TE AIN, THE INS	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	CT OR OTHER ES DESCRIBED ED BY PAID CL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS	BOVE FOR THE POLICY PER MTH RESPECT TO WHICH T	HIS	
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR OLA AGGREGATE LIMIT APPLIES PER		CP3443433		07/25/2025	07/25/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	•	000
1	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s 2,000	0,000
B AU	OTHER TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		496270J		08/12/2025	08/12/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000 \$ \$ \$	0,000
\vdash	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	5	
-	Hoccor							5	
-	CDAING-MADE						AGGREGATE	5	
WO.	DED RETENTION \$ RKERS COMPENSATION						PER OTH- STATUTE ER	,	
AND	EMPLOYERS' LIABILITY Y/N							-	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E L. EACH ACCIDENT	5	
(Mar	ndatory in NH) s, describe under						E L DISEASE - EA EMPLOYEE	\$	-
DES	CRIPTION OF OPERATIONS below						E L. DISEASE - POLICY LIMIT	\$	
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)			
CERTIF	ICATE HOLDER			CANC	ELLATION				
	Arrowhead Fire Protection District 2069 Spruce Rd	ct		THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE

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Cimarron

CO 81220

AUTHORIZED REPRESENTATIVE



CONTACT Kassey Cota

ACORD*

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DDYYYY) 08/21/2025

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.

Red	Roc	ks Insurance, L	LC			PHONE (9	70) 312-8200		(A/C, No)	(970)	455-1010	
276	4 Co	mpass Drive			ADDRESS: Ka	(A/C, No. Ext): (970) 312-8200 (A/C, No): (970) 432-8200 (A/C, No): (9						
Suite 232					PRODUCER	PRODUCER CUSTOMER ID: 00001349						
Grand Junction CO 81506						COSTONIER ID.	INSURER(S) AFFORDING COVERAGE					
INSU	RED					INSURER A : See	cura Insurance		COTEMACE		NAIC # 22543	
Arro	whea	ad Improvement	Association Inc			INSURER B:						
PO	Box 6	58						_				
						INSURER C :						
Cim	arror	1		00	81220	INSURER D :						
.0				CO	61220	INSURER E :						
-	/ED	1050			000000400	INSURER F :						
		AGES		CERTIFICATE NUMBER:	CP2582100			RE\	ISION NUMBER:			
				DPERTY (Attach ACORD 101, Addit d Cimarron CO 81220	tional Remarks S	ichedule, if more space	is required)					
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INSR		TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
	×	PROPERTY				.,		×	BUILDING	s 985	000	
	$\overline{}$	ISES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	s		
		BASIC	BUILDING						BUSINESS INCOME	\$		
	Н	BROAD	5,000					H	EXTRA EXPENSE	,		
	V	SPECIAL	CONTENTS						RENTAL VALUE	•		
		EARTHQUAKE						-	BLANKET BUILDING	,		
Α	\vdash	WIND		CP3443433	1	07/25/2025	07/25/2026		BLANKET PERS PROP	\$		
	\vdash				i			⊢		\$		
		FLOOD						_	BLANKET BLDG & PP	\$		
	×	Inflation								\$		
					22.7			_		\$		
		INLAND MARINE		TYPE OF POLICY		1				\$		
	CAU	SES OF LOSS						_		\$		
	Ш	NAMED PERILS		POLICY NUMBER						\$		
										s		
		CRIME								s		
	TYPE	E OF POLICY								\$		
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SPEC	IAL C	ONDITIONS / OTHI	ER COVERAGES (AC	ORD 101, Additional Remarks Sch	record, may be a	nacional il more space il	required					
05-						04110511.45	21	-			_	
CEF	TIFIC	CATE HOLDE	R			CANCELLATIO	DN					
		Arrowhea 2069 Spr	ad Fire Protection	District		ACCORDANC	ION DATE THEREO	F, NO	RIBED POLICIES BE CA DTICE WILL BE DELIVE OVISIONS.		D BEFORE	
		,				AUTHORIZED REP	RESENTATIVE		20 2			
		Cimarron	i	со	81220		C/Sl					



Evergern Lake Co CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDMYYY) 09/05/2025

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.

If	MPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the to	erms	and conditions of the po	lioy, ce endor	rtain policies sement(s).				
PRO	DUCER				CONTAC NAME:	CT Kassey C	ota			
Red	Rocks Insurance, LLC				PHONE (A/C, No	(970) 3	12-8200	FAX (A/C, No):	(970)	455-1010
276	4 Compass Drive				E-MAIL ADDRES	Kaccova	redrocksinsura			
Suit	te 232				MODILE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
Gra	nd Junction			CO 81506	INSURE	Coourale				22543
INSU	IRED				INSURE	014.0	d Ins. Co.			17558
	Arrowhead Improvement Associa	ation I	nc		INSURE					
	PO Box 68				INSURE					
					INSURE					
	Cimarron			CO 81220	INSURE					
CO	VERAGES CER	TIFIC	ATF I	NUMBER: CL258200460		KF.		REVISION NUMBER:		
C E	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	NSUR REME AIN, TH OLICIES	ANCE NT, TE HE INS S. LIM	LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY BURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS S AIMS.	BOVE FOR THE POLICY PER MTH RESPECT TO WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	CVA	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	3	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	
				ie Pater - WS 75000		ess weeden time		MED EXP (Any one person)	s 10,0	
Α		Y		CP3443433		07/25/2025	07/25/2026	PERSONAL & ADV INJURY	3	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	•	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	s 2,00	0,000
	OTHER							000000000000000000000000000000000000000	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s 1,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	VIII
В	OWNED SCHEDULED AUTOS			496270J		08/12/2025	08/12/2026	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	Second Section						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE									
Eve	rgreen Lake Co is Additional Insured under (Gener	al Liat	bility where required by writte	n contra	ct or agreeme	nt.			
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Evergreen Lake Co. PO Box 351				THE	EXPIRATION (DATE THEREO	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE
					AUTHO	RIZED REPRESE	NTATIVE			
	Montrose			CO 81402				(6)		

Will Hobsen

	- 0
ACO	KD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYY) 08/20/2025

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 a If SUBROGATION IS WAIVED, subject to	the to	erms and conditions of the pol	icy, certain policie	DDITIONAL II	NSURED provisions or be end an endorsement. A stateme	lorsed. nt on			
this certificate does not confer rights to	the co	ertificate holder in lieu of such	endorsement(s).	,,					
PRODUCER			CONTACT Chris Smith						
Red Rocks Insurance, LLC		Ī	PHONE (970) 312 8200 FAX (970) 455-1010						
2764 Compass Drive		Ī	(A/C, No. Extt): (A/C, No): (A/C,						
Suite 232		Ì	INSURER(S) AFFORDING COVERAGE NAIC #						
Grand Junction		CO 81506	INSURER A: Secura Insurance 22543						
INSURED			INSURER B:						
Arrowhead Improvement Associ	ation li	Inc	INSURER C :						
PO Box 68			INSURER D :			1			
		ŀ	INSURER E :						
Cimarron		CO 81220	INSURER F :			1			
COVERAGES CER	TIFIC	ATE NUMBER: CL2582004594			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERTIEXCLUSIONS AND CONDITIONS OF SUCH PO	REME! AIN, TH	INT, TERM OR CONDITION OF ANY (HE INSURANCE AFFORDED BY THE S LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHE POLICIES DESCRIB	R DOCUMENT ED HEREIN IS S CLAIMS	BOVE FOR THE POLICY PERIOD WITH RESPECT TO WHICH THIS				
INSR TYPE OF INSURANCE	INSD	WYD POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY						,000,000			
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	00,000			
					MED EXP (Any one person) \$ 1	0,000			
^	Y	CP3443433	07/25/2025	07/25/2026	PERSONAL & ADV INSURT	,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERALAGGREGATE	,000,000			
POLICYLOC					PRODUCTS - COMPTOP AGG	,000,000			
OTHER	Ш				Mold Microorganism Excl \$				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)				
ANY AUTO					BODILY INJURY (Per person) \$				
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HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	1916			
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E L EACH ACCIDENT \$				
(Mandatory in NH)	-				E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below					E L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 101, Additional Remarks Schedule, r	may be attached if more	space is required)					
Will Hobson is listed as an additional insured wh	nen red	quired by written contract or agreen	nent.						
Blanket co	ves	rage for A	99:4. cu	al I	nsured.				
CERTIFICATE HOLDER			CANCELLATION						
Will Hobson				DATE THEREO	ESCRIBED POLICIES BE CANCEL IF, NOTICE WILL BE DELIVERED I Y PROVISIONS.				
5 Hazel Lake Dr		ł	AUTHORIZED REPRES	ENTATIVE					
Cimarron		CO 81220	AUTHORIZED REPRESENTATIVE						
					ACORD CORDODATION AN				