

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/16/2023

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 liqu of such endorsement(s)

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
PRODUCER						CONTACT Moody-Valley Insurance Agency NAME:					
	Moody-Valley Insurance Agency, Inc.					PHONE (070) 249 9200 FAX (070) 242 4904					
760 Horizon Drive, Suite 302					E-MAIL contragguetai@magdying.com						
	,				ADDRES	. ·				NAIC #	
Gra	nd Junction			CO 81506	INSURE	D:	Assurance	RDING COVERAGE		NAIC #	
INSU				00 01000		Dhiladala	hia Indemnity	Ins Co			
	Arrowhead Improvements Associ	riation	Inc		INSURE		mia macininty	110 00			
	PO Box 68	Jacioi	1 1110		INSURE						
	1 0 000 00				INSURER D:						
	Cimarron			CO 81220	INSURER E :						
201		TIE10	ATE		INSURE	RF:		DEVICION NUMBER			
	/ERAGES CER			11011152111	ISSLIED	TO THE INCLIE		REVISION NUMBER:	IOD		
l .	DICATED. NOTWITHSTANDING ANY REQUI										
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	,		
	CCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM SUBR		REDUC	ED BY PAID CL	AIMS. POLICY EXP				
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u>s</u>		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							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							PER STATUTE OTH-			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	A		10/01/2022	10/01/2022	10/01/2023	E.L. EACH ACCIDENT	_{\$} 100,	,000	
_ ^	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					10/01/2023	E.L. DISEASE - EA EMPLOYEE	_{\$} 100,	,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 500,	,000	
	Accidental Death & Dismemberment							Accidental Death	25,0	00	
В	Accidental Death & Dismemberment					04/04/2023	04/04/2024	Max Medical Benefit	100,	000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	ı 101, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)	1			
CERTIFICATE HOLDER						CANCELLATION					
								SCRIBED POLICIES BE CAN		BEFORE	
	For Information Only							F, NOTICE WILL BE DELIVER Y PROVISIONS.	LD IN		
	i or information only				AUTHORIZED REPRESENTATIVE						
						Moodly-Vallery Insurance Agenay					
	1				MULLING MARCH IN SMICH ICE FILLS IN)						

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Moody-valley Insurance Agency, Inc.		Arrownead Improvements Association Inc			
POLICY NUMBER					
CARRIER	NAIC CODE	-			
oration.	WAIG GODE	EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A S	CHEDULE TO ACORD FORM,				
FORM NUMBER: 25 FORM TITL	E: Certificate of Liability Insurance: N	lotes			
CONTRACTUAL LIABILITY APPLIES PER POLIC	CY TERMS AND CONDITIONS				
Worker's Compensation:					
359-B From Attached Includes Blanket Waiver of	Subrogation. Status applies when requ	uired by written contract.			
IMPORTANT:	lambo Ta abbain aaniaa mlaasa aandoo				
The policy forms referenced will be sent via email	only. To obtain copies, please send yo	our request with the email address to certrequestgj@moodyins.com.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/2023

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PRO	DUCER				CONT	ACT Michael	Drandl Ages	av la		
An	nerican Family Brokerage Inc				PHON		Brandl Agen			
	00 American Parkway				PHONE (A/C, No. Ext): (719) 630-7557 E-MAIL ADDRESS: mbrandl@amfam.com					
	726				ADDRI				NAIC#	
Ma	dison			WI 53783	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company					
NSI	JRED			711 00100						
	Arrowhead Improvement As	socia	tion Inc		INSURER B: Scottsdale Insurance Company INSURER C: Continental Casualty Company					
	PO Box 68				INSURER D:					
					INSURER E :					
	Cimarron			CO 81220	INSUR					
0	VERAGES CER	TIFIC	CATE NUMI	BER:				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQERTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH F	TAIN, POLIC	THE INSURA	OR CONDITION OF ANCE AFFORDED BY SHOWN MAY HAVE I	ANY CON	TRACT OR OT LICIES DESCR DUCED BY PAI	HER DOCUME	ENT WITH RESPECT TO WHICH IS SUBJECT TO ALL THE TERMS	TLUC	
	COMMERCIAL GENERAL LIABILITY	INSU	WVD	POLICY NUMBER	*	(MM/DD/YYYY)	(MM/DD/YYYY)	AND MANAGEMENT AND ADDRESS OF THE PARTY OF T		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	1,000,000 100,000	
								MED EXP (Any one person) \$ 1	,000	
4			105 /			06/23/2023	06/23/2024	PERSONAL & ADV INJURY \$ 1	,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2	2,000,000	
	POLICY PRO- JECT LOC	5						PRODUCTS - COMP/OP AGG \$ 1	ncluded	
	AUTOMOBILE LIABILITY					(4/)		COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO	De T. P.						BODILY INJURY (Per person) \$		
- 8	ALL OWNED SCHEDULED AUTOS	2						BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								\$		
	UMBRELLA LIAB X OCCUR				188	24 00 00000		EACH OCCURRENCE \$ 5	5,000,000	
3	X EXCESS LIAB CLAIMS-MADE		500			07/11/2023	06/23/2024	AGGREGATE \$ 5	,000,000	
	DED RETENTION \$					***************************************		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	A 5 7-31	
_	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT \$		
2	Directors & Officers Crime					04/12/2023	04/12/2024	\$1,000,000 Aggregate \$500,000 Crime per Loss		
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC rerage C: Continued Retention \$2,500 A	2.A0-332-90.00				be attached if m	ore space is requ	uired)		
EF	TIFICATE HOLDER				CANC	ELLATION				
Arrowhead Improvement Association Inc PO BOX 68 Cimarron CO 81220					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					



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DATE (MM/DD/YYYY) 08/17/2023

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th	s certificate does not confer rights to the	e cert	tificate	e holder in lieu of s	such e	ndorsemen	t(s).	roquire un chaorschiel		lement on
1000000000	DUCER PICAN FAMILY PRICE				CONT NAME	ACT : Progressive	Commercial Li	nes Customer and Agent Serv	vicina	
AMERICAN FAMILY BRKR 6000 AMERICAN PKWY, MADISON, WI 53783					PHONE					· Selling
					(A/C, No, Ext): 1-800-444-4487 (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com					
					ADDR			<u> </u>		
								ING COVERAGE		NAIC #
INSU	RED				INSU	RER A: Artisan	and Truckers	Casualty Company		10194
1150000000	whead Improvement Association Inc				INSU	RER B :				
PO E	lox 68				INSU	RER C :				
Cima	rron, CO 81220				INSU	RER D :				
					INSU	RER E :				
					INSUF	RER F :		3 (**)))		
COV	ERAGES CERTIF	CATE	NUM	BER: 8470616175814	488343	D081723T150	406	REVISION NUMBER:		
l IN	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI	INSU	RANCE NT. TE	LISTED BELOW HA	VE BE	EN ISSUED T	TO THE INSU	RED NAMED ABOVE FOR	ECT TO W	HICH THIS
EX	RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH POLI	TAIN, CIES.	THE II	NSURANCE AFFORD	ED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT T	TO ALL TH	HE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY					- 05		EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$	
Α	OWNED X SCHEDULED AUTOS	N	N			04/20/2023	04/20/2024	BODILY INJURY (Per accident)	Ť	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	THE SOLET							(or doordonly	s	
	UMBRELLA LIAB OCCUR			6				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								s	
9)	WORKERS COMPENSATION	1						SERTUTE OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N	N/A					55	E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACOF	 RD 101,	Additional Remarks Sch	edule, r	nay be attached	if more space is	required)		
I Dayler II Laco										
CER	TIFICATE HOLDER				CAN	CELLATION				
Arrowhead Improvement Association Inc PO Box 68 Cimarron, CO 81220						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Omination, 55 51225					AUTHORIZED REPRESENTATIVE Mark Park					

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		T	: ugu _ i _ oi _ i	
AMERICAN FAMILY BRKR		NAMED INSURED Arrowhead Improvement Association Inc		
POLICY NUMBER		PO Box 68		
948443569		Cimarron, CO 81220		
CARRIER	NAIC CODE			
Artisan and Truckers Casualty Company	10194	EFFECTIVE DATE: 04/20/2023		
ADDITIONAL REMARKS		0112012020		
THIS ADDITIONAL REMARKS FORM IS A SCHED	ULF TO ACORD FORM			
THIS ADDITIONAL REMARKS FORM IS A SCHED	ULE TO ACORD FORM,			

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THIS ADDITIONAL REMARKS FORM IS A SC	HEDULE TO ACORD FORM.				
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance					
A LIM I O					
Additional Coverages					
Insurance coverage(s)	Limits				
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit				
Description of Location/Vehicles/Sp	ecial Items				
Scheduled autos only					
1982 INTERNATIONAL S-SERIES 2HTAA	1950CCA16739				
Medical Payments	\$5,000				
2002 STERLING TRUCK LT 2FZHAWAK12	2A.168078				
Medical Payments	\$5,000				
Comprehensive	\$500 Ded				
Collision	\$1,000 Ded				
2014 NISSAN FRONTIER 1N6AD0EV5EN	717952				
Medical Payments	\$5,000				
Comprehensive	\$500 Ded				
Collision	\$1,000 Ded				
Rental Reimbursement	\$50 Per Day (\$1,500 Max)				
Roadside Assistance	Selected w/\$0 Ded				
2000 Load Trail Trailer 1111111111111111	1				
Comprehensive	\$1,000 Ded				
Collision	\$1,000 Ded				

Liability coverage may not apply to all scheduled vehicles.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/18/2023 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (970) 248-8300 COMPANY Moody-Valley Insurance Agency, Inc. 760 Horizon Drive, Suite 302 Acuity PO Box 58 **Grand Junction** CO 81506 FAX (A/C, No): (970) 242-1894 certrequestgj@moodyins.com 53082-0058 Sheboygan ADDRESS CODE: SUB CODE: AGENCY CUSTOMER ID #: LOAN NUMBER POLICY NUMBER INSURED Arrowhead Improvements Association PO Box 68 EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL 03/23/2023 03/23/2024 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: Cimarron CO 81220 PROPERTY INFORMATION LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 20991 Alpine Plateau Rd. Cimarron, CO 81220 Loc# 00002/Bldg# 00001 2069 Spruce Road Cimarron, CO 81220 Loc# 00002/Bldg# 00002 Shed Loc# 00002/Bldg# 00003 Shed Contractors Equipment: Location- Blanket 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 EVIDENCE OF PROPERTY INSURANCE 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. COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL DEDUCTIBLE COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE 10,000 Loc #1 Building, Replacement Cost 219,801 Loc #2 Building, Replacement Cost 894,088 10,000 12,592 10.000 Loc #2 Bldg 2, Replacement Cost Loc #2 Bldg 2, Replacement Cost 12,592 10,000 Contractors Equipment 641,277 2,500 **REMARKS (Including Special Conditions)** 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. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE Certificate Holder LOAN# Arrowhead Improvements Association PO Box 68 AUTHORIZED REPRESENTATIVE Woodry-Vallery Insurance topenary

ACORD 27 (2016/03)

Cimarron

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