ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2026

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PRODUCER
Red Rocks Insurance, LLC
2764 Compass Drive
Suite 232
Grand Junction CO 81506

CONTACT NAME: Kassey Cota
PHONE (A/C, No, Ext): (970) 312-8200 **FAX (A/C, No):** (970) 455-1010
E-MAIL ADDRESS: Kassey@redrocksinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Secura Insurance Company	22543
INSURER B : Old Guard Ins. Co.	17558
INSURER C : Pinnacol Assurance	41190
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Arrowhead Improvements Association, Inc.
PO Box 68
Cimarron CO 81220

COVERAGES **CERTIFICATE NUMBER:** CL2662205655 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		CP3443433	07/25/2026	07/25/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			496270J	08/12/2026	08/12/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4096200	10/01/2025	10/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
B	Inland Marine			496270J	08/12/2026	08/12/2027	Rented/Leased Equipment	$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Will Hobson is listed as an additional insured when required by written contract or agreement.

CERTIFICATE HOLDER
Will Hobson
5 Hazel Lake Dr.
Cimarron CO 81220

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.

AUTHORIZED REPRESENTATIVE

ACORD

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2764 Compass Drive
Suite 232
Grand Junction CO 81506

CONTACT NAME: Kassey Cota
PHONE (A/C, No, Ext): (970) 312-8200 **FAX (A/C, No):** (970) 455-1010
E-MAIL ADDRESS: Kassey@redrocksinsurance.com

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INSURER D :	
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INSURER F :	

INSURED
Arrowhead Improvements Association, Inc.
PO Box 68
Cimarron CO 81220

COVERAGES **CERTIFICATE NUMBER:** CL2662205655 **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			496270J	08/12/2026	08/12/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4096200	10/01/2025	10/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
B	Inland Marine			496270J	08/12/2026	08/12/2027	Rented/Leased Equipment	$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
Vermeer Sales & Service of Colorado Inc.
5801 E. 76th Ave
Commerce City CO 80022

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.

AUTHORIZED REPRESENTATIVE

ACORD

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PRODUCER		CONTACT NAME:	Kassey Cota	
Red Rocks Insurance, LLC		PHONE (A/C, No, Ext):	(970) 312-8200	FAX (A/C, No): (970) 455-1010
2764 Compass Drive		E-MAIL ADDRESS:	Kassey@redrocksinsurance.com	
Suite 232		INSURER(S) AFFORDING COVERAGE		NAIC #
Grand Junction	CO 81506	INSURER A :	Secura Insurance Company	22543
INSURED		INSURER B :	Old Guard Ins. Co.	17558
Arrowhead Improvements Association, Inc.		INSURER C :	Pinnacol Assurance	41190
PO Box 68		INSURER D :		
		INSURER E :		
Cimarron	CO 81220	INSURER F :		

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B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			496270J	08/12/2026	08/12/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
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CERTIFICATE HOLDER

Evidence of Insurance

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CERTIFICATE HOLDER

Schultz Family Trust Investments
21401 Alpine Plateau Rd
Cimarron CO 81220

CANCELLATION

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Evergreen Lake Co is Additional Insured under General Liability where required by written contract or agreement.

CERTIFICATE HOLDER
Evergreen Lake Co.
PO Box 351
Montrose CO 81402

CANCELLATION
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