

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/27/2025

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(ies) must 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).

C	ertificate holder in lieu of such endor	seme	nt(s)	<u>.                                      </u>								
PRO	DUCER	CONTACT NAME: Certificate Department										
Schad Agency						PHONE (A/C, No, Ext): 303-661-0083 FAX (A/C, No): 303-661-0085						
433 Summit Blvd Unit 101						E-MAIL ADDRESS: certificate@schadagency.com						
								DING COVERAGE			NAIC #	
Broomfield CO 80021						INSURER A: Farmers Insurance - Truck Insurance Exchange					21709	
INSURED						INSURER B:						
Meadowview Homeowners Assoc						INSURER C:						
C/O Homestead Management					INSURER D:							
1499 W 121st Ave Suite 100					INSURER E :							
	Westminster	CO 80234-3429			INSURER F:							
		NUMBER:	REVISION NUMBER:						EDIOD			
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	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 2,000			0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		75,0	00	
							01/28/2026	MED EXP (Any one per	rson) \$	5,00	0	
Α				607113931		01/28/2025		PERSONAL & ADV INJ	IURY \$	2,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE \$	4,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG \$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT \$	2,00	0,,000	
	ANY AUTO							BODILY INJURY (Per p	person) \$			
Α	ALL OWNED SCHEDULED AUTOS AUTOS			607113931		01/28/2025	01/28/2026	BODILY INJURY (Per a	accident) \$			
	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							I PER I	OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. EACH ACCIDENT \$				
								E.L. DISEASE - EA EMPLOYEE \$				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT   \$			
Α	Director and Officers			607113931		01/28/2025	01/28/2026	Limit: \$2,000,000				
Α	Fidelity			607113931		01/28/2025	01/28/2026	Limit: \$300,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  THIS IS A MASTER POLICY COVERING PROPERTY IN THE OPEN AS WELL AS GENERAL LIABILITY FOR THE ASSOCIATION'S COMMON AREAS. THERE IS NO COVERAGE FOR INDIVIDUAL RESIDENCES, LOTS OR ANY IMPROVEMENTS THEREON. SEVERABILITY OF INTEREST AND BUILDING ORDINANCE AND LAW INCLUDED. MANAGEMENT COMPANY IS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, FIDELITY AND DIRECTORS & OFFICERS.												
CEI	RTIFICATE HOLDER			CELLATION								
Homestead Management 1499 West 121st Avenue #100						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						
Denver CO 80234												