

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2025

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 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

## ATTO COMBERGIA CLARIST AND ENGLISHED COMBERGIA CLARIST AND CONSTRUCTION AND CONSTRUCT OF PERSONNAL ADDRESS. (## AUTOGORAL LABILITY COMBERGIA CLARIST ONLY CONTROL COMBERGIA C		SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		· ,						
MOOD-Y-Valley Insurance Appropria, Inc. Grand Junction CO 81506 Acrowhead Improvements Association Inc. PO Box 68 Acrowhead Improvements Association Inc. PO Box 68 Cimarron CO 81220 SUBJECT C. MISURER 9: Philadolphia Indominity Ins CO 160 ASSURER 9: P	PROI	DUCER		` '						
TOO HORIZON DIVINE, Suite 302 Control June 1997 Suite 302						PHONE (970) 248-8300 FAX (A/C No): (970) 242-1894				
MSURER A: Prinaded Assurance 4.16 Arrowhead Improvements Association Inc PO Box 68 Comarron CO 81220 COVERAGES CERTIFICATE NUMBER: 24/25 Master Revision Number: INSURER D: INSURED D: INSURER D: INSURED D: INSURER D:	760	Horizon Drive, Suite 302		E-MAIL cortroquestai@moodvine.com						
NBURER B: Philadelphia Indemnity Ins Co				INSURER(S) AFFORDING COVERAGE NAIC				NAIC #		
Arrowhead Improvements Association Inc PO Box 68 MSURER C :	Gra	nd Junction		CO 81506	INSURER A: Pinnacol Assurance				41190	
PO Box 68 Common Co State Bissurer D: Bis	INSU	RED			INSURER	INSURER B: Philadelphia Indemnity Ins Co 18058				
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B Accidental Death & Dismemberment		(Mandatory in NH)			10/01/2021			E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. PO Box 68 AUTHORIZED REPRESENTATIVE	·					ACCORDANCE WITH THE POLICY PROVISIONS.				
Cimarron CO 81220 MODOW-Valley Wywance Agenay		Cimarron		<u> </u>						

AGENCY CUSTOMER ID:	00020441	
LOC #:		

Page

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED			
Moody-Valley Insurance Agency, Inc.		Arrowhead Improvements Association Inc		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

Introduy-valley insurance Agency, inc.		Allowhead Improvements Association inc	
POLICY NUMBER			
CARRIER	NAIC CODE	-	
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ADDITIONAL REMARKS	•		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOP			
FORM NUMBER: 25 FORM TITLE: Certificate of Liabil		otes	
CONTRACTUAL LIABILITY APPLIES PER POLICY TERMS AND COND	DITIONS		
Worker's Compensation: 359-B From Attached Includes Blanket Waiver of Subrogation. Status ap	oplies when requ	ired by written contract.	
IMPORTANT: The policy forms referenced will be sent via email only. To obtain copies,	, please send yo	ur request with the email address to certrequestgj@moodyins.com.	