Client#: 1087655

## **MASTEHOM2**

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/15/2025

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

this certificate does not confer any rights to the cer	rtificate holder in lieu of such endorsement(s).			
PRODUCER	CONTACT Anari Alston			
USI Insurance Services, LLC		PHONE (A/C, No, Ext): 952-243-9380 FAX (A/C, No): 610-537-9630		
8000 Norman Center Drive, Suite 400 Bloomington, MN 55437	E-MAIL ADDRESS: anari.alston@usi.com	E-MAIL ADDRESS: anari.alston@usi.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Hartford Casualty Insurance Company	29424		
INSURED The Master Homeowners Assn for Green Valley Ranch, Inc. 18650 E 45th Ave Denver, CO 80249	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NU	UMBER: 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 CENTRAL WAY BE ISSUED OR MAY REPORT IN THE INSURANCE ASSOCIATION THE DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIS STANDARD ASSOCIATION OF ANY CONTRACT OR OTHER DOCUMENT WITH THE THIRD OF THE TH				

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS **COMMERCIAL GENERAL LIABILITY** Α 34SBAIH3747 09/13/2025 09/13/2026 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X OCCUR \$300,000 MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER \$2,000,000 GENERAL AGGREGATE \$2,000,000 POLICY PRODUCTS - COMP/OP AGG OTHER: 09/13/2025 09/13/2026 COMBINED SINGLE LIMIT A **AUTOMOBILE LIABILITY** 34SBAIH3747 s1,000,000 BODILY INJURY (Per person) ANY AUTO \$ OWNED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY Α **UMBRELLA LIAB** 09/13/2025 09/13/2026 EACH OCCURRENCE X OCCUR 34SBAIH3747 \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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 / VEI	ICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
CERTIFICATE HOLDER	CANCELLATION	

Evidence of Insurance	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
X	<b>Selec</b>