

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2022

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.

	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to						may require	an endorseme	nt. A state	ement	on	
PRODUCER						CONTACT Hannah Muffly						
Denver Agency						PHONE (303) 892-6900 FAX (A/C, No):						
210 University Blvd, Suite 600						E-MAIL hannah@denveragency.com ADDRESS:						
					ADDICE		SURER(S) AFFOR	RDING COVERAGE			NAIC #	
Denver CO 80206-4661						INSURER A: Travelers Indemnity Co of CT					25682	
INSURED						INSURER B: Travelers Casualty & Surety						
Stagestop Owners Association						INSURER C:						
					INSURER D:							
	493 Stagestop Road SS D-5		INSURER E :									
Louisville				CO 80027	INSURER F:							
COVERAGES CER			ATE I	NUMBER: 2021/2022 Ma	aster REVISION NUMBER:							
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF II IDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME JIN, TH LICIES	NT, TE HE INS S. LIM	RM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ 1,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300, MED EXP (Any one person) \$ 5,00			0,000	
Α	CLAIIVIS-IVIADE P OCCUR										0	
			I-660-3864B751-TCT-21			11/11/2021	11/11/2022				0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										0,000	
	POLICY PRO-							PRODUCTS - COM		-	0,000	
	OTHER:							\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000			0,000		
	ANY AUTO							BODILY INJURY (Per person) \$				
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			I-660-3864B751-TCT-21		11/11/2021	11/11/2022	BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
	ACTOS CILLI									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE				A		AGGREGATE	AGGREGATE \$				
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		\$		
	Directors & Officers Liability							\$1,000,000 Limit of Ins		\$1,0	00 Retention	
В	2sole d csole 2.azy			106014078		11/11/2021	11/11/2022					
DEC	COURTION OF OREDATIONS (LOCATIONS (VEHICLE	C (AC	00004	M. Additional Demands Cabadula								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE tificate Holder is listed as Additional Insured	-			may be a	uacnea if more sp	oace is required)					
Cei	tilicate Holder is listed as Additional Insured	with i	egarus	s to General Liability.								
CERTIFICATE HOLDER 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.						
Lost Park Ranch Owners Association												
	967 Al Gulch Road		AUTHO	AUTHORIZED REPRESENTATIVE								
	Jefferson			CO 80456	daty K Rath							