

DATE (MM/DD/YYYY)
6/30/2025

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.

		ertificate does not confer rights to							equire an endorsement	. A Sta	atement on		
PRODUCER					CONTACT NAME: Phillip Naples								
CD	The	rance Drekerage				PHONE (A/C, No, Ext): (720) 727-6049 (A/C, No):							
		rance Brokerage uth Meridian Boulevard, Suite 400			CRS INSURANCE BROKERAGE	E-MAIL ADDRESS: selectbusiness@crsdenver.com							
		,						URER(S) AFFOR	RDING COVERAGE		NAIC#		
Englewood Colorado, 80112						INSURE		al Union Fire Ir			19445		
INSU	JRED					INSURE	RB:						
leff	erson	Como Fire Protection District				INSURE	RC:						
_	. Box					INSURE							
		olorado, 80432				INSURE							
-						INSURE	RF:						
СО	VER	AGES CER	TIFIC	CATE	NUMBER:				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										ICY PERIOD WHICH THIS			
С	ERTIF	FICATE MAY BE ISSUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED					
INSR			ADDL	SUBR		BEEN REDUCED BY PAID CLAIMS.    POLICY EFF   POLICY EXP   LIMITS							
LTR	<u> </u>	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	Х								DAMAGE TO RENTED		,000.00		
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$				
			Υ	Υ	VFNUTR002043104		08/20/2024	08/20/2025	MED EXP (Any one person)	\$5,000			
Α			ľ	ī	VFN01R002043104		08/20/2024	06/20/2025	PERSONAL & ADV INJURY	\$1,000	,		
		'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$3,000			
									PRODUCTS - COMP/OP AGG	\$3,000,000.00			
	AUT	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	-	000.00		
	701	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$1,000,000.00 \$			
Α		OWNED SCHEDULED	Υ	Υ	Y VFNUTR002043104		08/20/2024	08/20/2025	BODILY INJURY (Per accident)	\$			
/ \	✓ HIRED		-	'	VFNO1K002043104		00/20/2024	00/20/2025	PROPERTY DAMAGE (Per accident)	\$			
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$1,000	000.00		
Α		EXCESS LIAB CLAIMS-MADE			VFNUTR002043104		08/20/2024	08/20/2025	AGGREGATE \$2,000		,		
		DED RETENTION\$							7.CONLONIE	\$	,000.00		
		KERS COMPENSATION							PER OTH- STATUTE ER	<u> </u>			
	ANYP	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
		CER/MEMBER EXCLUDED? datory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
									Limit	\$1,000,	,000.00		
Α	Ma	anagement Liability			VFNUTR002043104		08/20/2024	08/20/2025	General Aggregate	\$3,000	,000.00		
		ION OF OPERATIONS / LOCATIONS / VEHICL	•						•				
		e holder is included as additional insu o the General Liability per the policy te				per the	policy terms a	nd conditions.	Waiver of Subrogation in fa	or of Ce	ertificate holder		
		tine demends Endamely per tine periody to	5										
CERTIFICATE HOLDER							CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF									ED BEEODE				
Sta	gesto	p Owners Association							EREOF, NOTICE WILL E				
		estop Rd, SS D-5							Y PROVISIONS.				
	_	Colorado, 80456				L							
						AUTHO	RIZED REPRESE	NTATIVE	1				
						l		,	/ Composition Dhilli	n Nanle	S		



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT NAME: Phillip Naples						
CDG	S Insurance Brokerage				PHONE (A/C, No, Ext): (720) 727-6049 (A/C, No):							
	Sinsurance Brokerage So South Meridian Boulevard, Suite 400			CRS INSURANCE BROKERAGE	E-MAIL ADDRESS: selectbusiness@crsdenver.com							
Englewood Colorado, 80112					INSURER(S) AFFORDING COVERAGE						NAIC#	
Eligiewood colorado, oo 112						INSURER A: National Union Fire Ins Co. of Pa						
INSU	RED				INSURER B:							
leff	erson Como Fire Protection District				INSURE	RC:						
-	. Box 380				INSURE	RD:						
Cor	no Colorado, 80432				INSURE							
	·				INSURER F:							
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		_	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO 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.									WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY EFF	POLICY EXP		LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENC		\$ \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	\$ \$		
	OLANIO-IVIADE COOK							MED EXP (Any one p	,	\$ \$		
								PERSONAL & ADV IN		\$ \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$ \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/		\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per	r person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE   OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	Т	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EI				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICE Limit		\$ 00.00	20.00	
Α	Volunteer Accident			VFP-4206-7314E-7		01/11/2025	01/11/2026	LIITIIC		\$100,00	0.00	
Cert	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate holder is included as additional insured with respect to the General Liability per the policy terms and conditions. Waiver of Subrogation in favor of Certificate holder applies to the General Liability per the policy terms and conditions.											
CEI	RTIFICATE HOLDER	CANO	ELLATION									
493	gestop Owners Association Stagestop Rd, SS D-5 erson Colorado, 80456	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  Phillip Naples					S					



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	is certificate does not confer rights				•	• •	•	require an end	or sement	. A 50	atement on	
PRODUCER					CONTACT Phillip Naples							
CDC In a surrous a Dural cours as					PHONE (A/C, No, Ext): (720) 727-6049 FAX (A/C, No):							
CRS Insurance Brokerage 9780 South Meridian Boulevard, Suite 400  CRS Insurance Brokerage						E-MAIL ADDRESS: selectbusiness@crsdenver.com						
Englewood Colorado, 80112						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#	
Eligiewood cololado, oo 172						INSURER A: National Union Fire Ins Co. of Pa						
INSU	RED				INSURE	1						
leff	erson Como Fire Protection District				INSURE	RC:						
-	. Box 380				INSURE							
Cor	no Colorado, 80432				INSURE							
					INSURE							
				NUMBER:				REVISION NU				
IN CI EX	DICATED. NOTWITHSTANDING ANY R	equif Pert Poli	REMEI ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	CLAIMS-MADE OCCUR							EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$		
	OEMINE INVEST.							MED EXP (Any one	,	\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (F	,	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE —————	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	GGREGATE \$			
	DED RETENTION \$ WORKERS COMPENSATION							DER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO Limit	LICY LIMIT	\$ \$100,0	00.00	
Α	Accident			CFP-5206-0454E-7		01/11/2025	01/11/2026	Littlic		\$100,0	30.00	
Cert	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate holder is included as additional insu ies to the General Liability per the policy t	ired v	vith re	spect to the General Liability					gation in fa	vor of C	ertificate holder	
CERTIFICATE HOLDER						CANCELLATION						
Stagestop Owners Association 493 Stagestop Rd, SS D-5 Jefferson Colorado, 80456						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
J						AUTHORIZED REPRESENTATIVE						



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	3 Insurance Brokerage 30 South Meridian Boulevard, Suite 400			CRS INSURANCE BROKERAGE	E-MAIL ADDRESS: selectbusiness@crsdenver.com							
	glewood Colorado, 80112					INS	URER(S) AFFOR	DING COVERAGE		NAIC#		
בווכ	newood colorado, oo 172				INSURE	RA: Nationa	al Union Fire In	s Co. of Pa		19445		
INSU	RED				INSURE							
leff	erson Como Fire Protection District				INSURE	R C :						
-	. Box 380				INSURE							
	no Colorado, 80432				INSURE							
	110 Colorado, 60 132				INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	·			
	HIS IS TO CERTIFY THAT THE POLICIES											
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I											
	XCLUSIONS AND CONDITIONS OF SUCH							TILICENT IO GODDLOT TO	) /\LL	TIE TERMO,		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY					,	•	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	NOTES SINE!							(	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$									\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE T/N								E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								Each Occurrence	\$1,000,	000.00		
Α	Crime			VFNUTR002043104		08/20/2024	08/20/2025	General Aggregate	\$2,000	,000.00		
Cer	DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate holder is included as additional insured with respect to the General Liability per the policy terms and conditions. Waiver of Subrogation in favor of Certificate holder applies to the General Liability per the policy terms and conditions.											
CERTIFICATE HOLDER CANO							CANCELLATION					
Stagestop Owners Association 493 Stagestop Rd, SS D-5 Jefferson Colorado, 80456						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						
						/	Phill	p Naple	S			