

DATE (MM/DD/YYYY) 5/14/2024

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 rights to the certificate holder in lieu of such endorsement(s).											
	DUCER		Cert		CONTACT Dhillip M	/					
					PHONE (202)	996-7803	FAX				
	Insurance Brokerage				CAVE, NO, EXU.	isiness@crsdei	(A/C, No):				
	0 South Meridian Boulevard, Suite 400				ADDRESS: Selection Selecti						
Eng	lewood Colorado, 80112					19445					
INSU	RED				INSURER A : National Union Fire Ins Co. of Pa						
1.00					INSURER C :						
5	erson Como Fire Protection District . Box 380				INSURER D :						
	no Colorado, 80432				INSURER E :						
COII	10 Colorado, 80452				INSURER F :						
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:				
IN CE EX	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	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1000(\$	00.00		
							MED EXP (Any one person)	\$ 5000.	00		
А		Y	Y	VFNUTR002043103000	08/20/2023	08/20/2024	PERSONAL & ADV INJURY	\$1000	00.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3000	00.00		
	X POLICY PRO- JECT LOC							\$3000	00.00		
	OTHER:							\$			
	AUTOMOBILE LIABILITY							\$1000	00.00		
							,	\$			
A	OWNED SCHEDULED AUTOS ONLY AUTOS			VFNUTR002043103000	08/20/2023	08/20/2024		\$			
	X HIRED X NON-OWNED AUTOS ONLY						(Per accident)	\$			
								\$			
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$1000	00.00		
A	EXCESS LIAB CLAIMS-MADE			VFNUTR002043103000	08/20/2023	08/20/2024	AGGREGATE	\$2000	00.00		
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						\$			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$			
A	Volunteer Accident			VFP-4206-7314E-6	01/11/2024	01/11/2025	Limit	\$ 1000	00.00		
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.											
000											
UE					CANCELLATION						
493	jestop Owners Association Stagestop Rd, SS D-5				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Jeffe	erson Colorado, 80456				AUTHORIZED REPRESE	NTATIVE	A Phillip	o Naple	S		
					© 19	988-2015 AC	ORD CORPORATION. A	۱I rigł	nts reserved.		



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IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	is an to th	ADD ne ter	ITIONAL INSURED, the p ms and conditions of the	e polic	y, certain po	olicies may i				
PRODUCER		Cert		CONTAG						
			-	NAME: PHONE (A/C, No		996-7803	FAX (A/C, No):			
CRS Insurance Brokerage				E-MAIL ADDRES		siness@crsder				
9780 South Meridian Boulevard, Suite 400	INSURER(S) AFFORDING COVERAGE NAIC #									
Englewood Colorado, 80112	INSURE		al Union Fire Ir			19445				
INSURED				INSURER B :						
Jefferson Como Fire Protection District		-	INSURER C :							
P.O. Box 380			-	INSURER D :						
Como Colorado, 80432				INSURE	RE:					
				INSURER F :						
COVERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	REMEI AIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	of any Ed by	CONTRACT	OR OTHER I S DESCRIBED PAID CLAIMS. POLICY EXP	DOCUMENT WITH RESPEC	CT TO Y D ALL T	WHICH THIS		
COMMERCIAL GENERAL LIABILITY	INOD				(1111/00/1111)		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 AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
							1	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	, A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Accident			CFP-5206-0454E-6		01/11/2024	01/11/2025	Limit	\$ 1000	00.00	
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.										
			I	UNIC						
Stagestop Owners Association 493 Stagestop Rd, SS D-5	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Jefferson Colorado, 80456	AUTHORIZED REPRESENTATIVE Phillip Naples									
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If SUBROGATION IS WAIVED, subject	to th	ne ter	ms and conditions of th	e polic	y, certain po	olicies may				
this certificate does not confer rights	o the	certi	ficate holder in lieu of su	CONTAC	7	/				
PRODUCER				NAME:	Рпшрм	1	EAY			
CRS Insurance Brokerage				PHONE (A/C, No	, LAU.	996-7803	FAX (A/C, No):			
9780 South Meridian Boulevard, Suite 400				E-MAIL ADDRESS: selectbusiness@crsdenver.com						
Englewood Colorado, 80112				INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A : National Union Fire Ins Co. of Pa								
INSURED	INSURER B :									
Jefferson Como Fire Protection District	INSURER C :									
P.O. Box 380				INSURE	RD:					
Como Colorado, 80432				INSURER E :						
				INSURER F :						
		-	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equir Pert Polic	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE 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:								\$		
							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	-						AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	φ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	э \$		
DESCRIPTION OF OPERATIONS DEIOW							Limit		000.00	
A Management Liability			VFNUTR002043103000		08/20/2023	08/20/2024	General Aggregate		000.00	
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.										
				••••						
CERTIFICATE HOLDER				CANC	ELLATION					
Stagestop Owners Association 493 Stagestop Rd, SS D-5					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Jefferson Colorado, 80456	AUTHORIZED REPRESENTATIVE Phillip Naples									
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PRODUCER	to the ce	ertificate holder in heu of st	CONTACT Dhillin N	/					
			PHONE (202)	996-7803	FAX (A/C, No):				
CRS Insurance Brokerage 9780 South Meridian Boulevard. Suite 400			(Å/Č, Ño, Ext): (SUS) 996-7605 (A/C, No): E-MAIL ADDRESS: selectbusiness@crsdenver.com (A/C, No):						
Englewood Colorado, 80112			INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A : Nation		19445				
INSURED			INSURER B :						
Jefferson Como Fire Protection District			INSURER C :						
P.O. Box 380			INSURER D :						
Como Colorado, 80432			INSURER E :						
			INSURER F :						
	-	TE NUMBER:			REVISION NUMBER:				
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INSR LTR TYPE OF INSURANCE	ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$			
					PREMISES (Ea occurrence)	\$			
					MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$			
OTHER:					PRODUCTS - COMP/OP AGG	ծ Տ			
					COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO					BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$					PER OTH-	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE				
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT Each Occurrence	\$ \$ 1000	000.00		
A Crime		VFNUTR002043103000	08/20/2023	08/20/2024	General Aggregate	\$ 2000			
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. Weight of the General Liability per the policy terms and conditions. CERTIFICATE HOLDER CANCELLATION									
			GANGELLATION						
Stagestop Owners Association 493 Stagestop Rd, SS D-5			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Jefferson Colorado, 80456			AUTHORIZED REPRESENTATIVE Phillip Naples						
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