

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: CM  
 FORM: 1  
 DATE (MM/DD/YYYY): 01/22/10

PRODUCER

Neil-Garing Agency, Inc.  
 PO Box 1576  
 Wood Springs CO 81602

Phone: 970-945-9111 Fax: 970-945-2350

Oak Meadows Homeowners Assn  
 252 First Choice Properties  
 252 Coryell Ridge Road  
 Glenwood Springs CO 81601

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	OBE Insurance Corporation	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDED LTR INSR#	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
					EACH OCCURRENCE	DAMAGE TO RENTED PREMISES (EA occurrence)
A	GENERAL LIABILITY	312663/12054	01/06/10	01/06/13	\$1,000,000	\$1,000,000
	COMMERCIAL GENERAL LIABILITY					
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				\$5,000	
	D&O Liability	312663/12054	01/06/10	01/06/13	\$1,000,000	\$1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					
	ANY AUTO	312663/12054	01/06/10	01/06/13	\$1,000,000	
	ALL OWNED AUTOS					
A	SCHEDULED AUTOS					
	Hired Autos					
	NON-OWNED AUTOS					
	PROPERTY DAMAGE (Per accident)					\$
A	GARAGE LIABILITY					
	ANY AUTO					
	EXCESS/UMBRELLA LIABILITY					
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>					
A	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					
A	OTHER					
	Fidelity	312663/12054	01/06/10	01/06/13	50,000	
	Property Section	312663/12054	01/06/10	01/06/13	25,000	
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS					

10-Day notice of cancellation for nonpayment of premium applies.  
 No Residential Building Coverage

CERTIFICATE HOLDER

UNITO-1

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Martina ERP*

HOMEOWNER'S COPY