

CERTIFICATE OF INSURANCE

This certifies that STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
insures the following policyholder for the coverages indicated below:

Name of policyholder Cherry Creek Vista HOA

Address of policyholder PO BOX 4118

Englewood, CO 80155

Location of operations COLORADO

Description of operations HOA

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
96-BG-4792-9	Comprehensive Business Liability	06/17/21	06/17/22	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input checked="" type="checkbox"/> <u>Building Coverage-\$13,600</u> <input type="checkbox"/> _____				Each Occurrence \$ <u>1,000,000</u> General Aggregate \$ <u>2,000,000</u> Products - Completed Operations Aggregate \$ <u>2,000,000</u>
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____	Effective Date Expiration Date		(Combined Single Limit)
	Workers' Compensation and Employers Liability			Each Occurrence \$ _____ Aggregate \$ _____ Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date Expiration Date		(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

Jack V Downing
Signature of Authorized Representative

AGENT
Title

10/20/2021
Date