

CEDTIFICATE OF LIABILITY INCLIDANCE

CTABOR DATE (MM/DD/YYYY)

CORPCOM-02

		L				ADILITTINJUKANCE					11/4/2024		
CE	RTIFICATE DOE LOW. THIS CE	S NOT AFFIRMAT RTIFICATE OF IN	IVEL SURA	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES		
lf	SUBROGATION	S WAIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ficate holder in lieu of su	the pol	icy, certain I	policies may					
PRODUCER						CONTACT Courtney Tabor							
Cincinnati/ AssuredPartners NL 5905 E. Galbraith Rd., Suite 5000						PHONE (A/C, No, Ext): (513) 333-0700 FAX (A/C, No, Ext): (513) 333-0735							
	innati, OH 45236	Sulle 5000				E-MAIL ADDRES	s: courtney	.tabor@as	suredpartners.com				
•						INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURE	25615						
INSUF	RED					INSURER B : Travelers Property Casualty Co of America					25674		
Alpine Mountain Ranch Metropolitan District 100 E. RiverCenter Boulevard, Suite 1100 Covington, KY 41011						INSURER C : Continental Insurance Company					35289		
						INSURE	24414						
						INSURE							
						INSURE							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:						
INI CE	DICATED. NOTWI	THSTANDING ANY F	REQUI PER POLI	REME TAIN, CIES.	URANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	n of Ai Ded By	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS		
INSR LTR	TYPE OF I	NSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	X COMMERCIAL GE								EACH OCCURRENCE	\$	1,000,00		
	CLAIMS-MAI	DE X OCCUR			P-660-5X557915-COF-23		12/1/2023	12/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,00		
									MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LI								GENERAL AGGREGATE	\$	2,000,000		
ļ	X POLICY PE	CT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,00		
в	OTHER:									\$	1,000,000		

	Х	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						LIQUOR LIAB.	\$ 1,000,000
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO			810-4X53020A-23-43-G	12/1/2023	12/1/2024	BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000,000
	Х	X EXCESS LIAB CLAIMS-MADE			7063791792	12/1/2023	12/1/2024	AGGREGATE	\$ 10,000,000
		DED X RETENTION \$ 10,000							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				152000758	12/1/2023	12/1/2024	X PER OTH- STATUTE ER	
								E.L. EACH ACCIDENT	\$ 1,000,000
		ICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EXCESS LIABILITY follows form over the General Liability and Auto Liability policies

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. Alpine Mountain Ranch Metropolitan District 100 E. Rivercenter Blvd, Suite 1100 Covington, KY 41011 AUTHORIZED REPRESENTATIVE

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