



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/2/2012

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 200 Dallas TX 75205	CONTACT NAME: Cindy Tran PHONE (A/C. No. Ext): (866)384-8579 E-MAIL ADDRESS: ctran@associationsinsuranceagency.com PRODUCER CUSTOMER ID: 00001791	FAX (A/C. No): (214)751-2390
	INSURER(S) AFFORDING COVERAGE	
INSURED Nelson Farm c/o Colorado Associations Services 14142 Denver West Parkway, Suite 350 Lakewood CO 80401-3188	INSURER A: Lloyds of London	
	INSURER B: Columbia Casualty Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 12-13

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00002: Per Schedule on File

See Attached Overflow Pages

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	BO507N12NA01300	4/1/2012	4/1/2013	<input checked="" type="checkbox"/> BUILDING	\$ 569,000	
	CAUSES OF LOSS					DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
	<input type="checkbox"/>	BASIC					<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/>	BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$	
	<input type="checkbox"/>	WIND				BLANKET PERS PROP	\$	
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$	
	<input type="checkbox"/>					Standard Ded.	\$ 1,000	
	<input type="checkbox"/>					Wind/Hail Ded.	\$ 10,000	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS		POLICY NUMBER				\$	
	<input type="checkbox"/>	NAMED PERILS					\$	
B	<input checked="" type="checkbox"/>	CRIME	738540-12	4/1/2012	4/1/2013	<input checked="" type="checkbox"/> Fidelity/Employee Theft	\$ 125,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000	
		Crime					\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
							\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

INSURANCE VERIFICATION

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

Dana Hodge/CT

COMMENTS/REMARKS

Property Covered: Real and Personal property, including Property in the Care, Custody, and Control of the Insured for which the Insured is legally liable to insure, Improvements and Betterments, Business Interruption, Extra Expense, Rental Value, Leasehold Interest, Property in the Course of Construction, Property in Transit, Electronic Data Processing Equipment/Media/Extra Expense, Accounts Receivable, Valuable Papers, Consequential Damage, Expediting Expense, Fine Arts as defined in the Primary Policy Wording.

Valuation: 100% Replacement Cost for Buildings and Business Personal Property if replaced. Actual Cash Value otherwise. Actual Loss Sustained applies to Business Income or Rental Value. This program contains per occurrence shared limits. In no event shall the limit exceed the reported Total Insured Value. The policy should be consulted for various sublimits and full details of complete limits for All Other Perils, Windstorm, Flood, and Earthquake. 0% Coinsurance Applies.

The certificate holder, if a mortgage or lienholder, is a loss payee as their interest may appear as respects Property Coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/2/2012

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

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	INSURER(S) AFFORDING COVERAGE	
INSURED Nelson Farm c/o Colorado Associations Services 14142 Denver West Parkway, Suite 350 Lakewood CO 80401-3188	INSURER A: Philadelphia Indemnity	NAIC # 18058
	INSURER B: Columbia Casualty Company	NAIC # 31127
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PHPKGL112012	4/1/2012	4/1/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY			PHPKGL112012	4/1/2012	4/1/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PHUB201222	4/1/2012	4/1/2013	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	DIRECTORS & OFFICERS			738540-12	4/1/2012	4/1/2013	LIMIT	\$1,000,000
							DEDUCTIBLE	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

INSURANCE VERIFICATION	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 Hodge, Dana