



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/4/2013

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 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).


<b>PRODUCER</b> Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 200 Dallas TX 75205	<b>CONTACT NAME:</b> AIAI <b>PHONE (A/C No. Ext):</b> (866)384-8579 <b>E-MAIL ADDRESS:</b> emajo@associationsinsuranceagency.com	<b>FAX (A/C No.):</b> (214)751-2390	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Nelson Farm c/o Colorado Associations Services 14142 Denver West Parkway, Suite 350 Lakewood CO 80401-3188	<b>INSURER A:</b> Philadelphia Indemnity		<b>NAIC #</b> 18058
	<b>INSURER B:</b> Columbia Casualty Company		31127
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 13-14 **REVISION NUMBER:**

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			PHPKGL112013	4/1/2013	4/1/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPKGL112013	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB201333	4/1/2013	4/1/2014	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	<b>DIRECTORS AND OFFICERS</b>			738540-13	4/1/2013	4/1/2014	LIMIT	1,000,000
							DEDUCTIBLE	1,000

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

<b>CERTIFICATE HOLDER</b>  *INSURANCE VERIFICATION*	<b>CANCELLATION</b>  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/LJANCO 



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/4/2013

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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.

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

**COVERAGES**

CERTIFICATE NUMBER: 13-14

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

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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	B0507N13NA01180	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> BUILDING	\$ 569,000	
	CAUSES OF LOSS					DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
		BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
		BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input checked="" type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$	
		WIND				BLANKET PERS PROP	\$	
		FLOOD				BLANKET BLDG & PP	\$	
						Standard Ded.	\$ 1,000	
						WIND/HAIL DEDUCTIBLE	\$ 10,000	
	INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	NAMED PERILS	POLICY NUMBER				\$		
B	<input checked="" type="checkbox"/>	CRIME	738540-13	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> Fidelity/Employee Theft	\$ 150,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000	
		Crime					\$	
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
		TOTAL # OF UNITS: 378					\$	

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/LJANCO

## 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, Earthquake, and Boiler & Machinery. 0% Coinsurance Applies.

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

If crime coverage is purchased by the association, the management company is an additional insured with respects to the crime policy.