	Cli	nt#: 1	6558	88	RIVERMAS1							
ACORD. CERTIFICATE OF LIAB						LITY INSURANCE				DATE (MM/DD/YYYY) 5/10/2023		
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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER CONTACT Ninad Burde												
	Insurance Services, LLC			Ne, <sub>Ext):</sub> 6026664782 FAX (A/C, No): 6105372283								
(A/C							E-MAIL ADDRESS: ninad.burde@usi.com					
Phoenix, AZ 85016						<sub>SS:</sub> IIIIau.bi				NAIC #		
977 469 6646						INSURER(S) AFFORDING COVERAGE						
						INSURER A : Travelers Indemnity Company INSURER B : Travelers Property Cas. Co. of America						
Riverwalk Master Association, Inc.						INSURER C : Pinnacol Assurance Company						
	2751 West Riverwalk Circle											
Littleton, CO 80123					INSURER E :					31194		
						INSURER F :						
CO	/ERAGES C	ERTIFI	CATE	NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER										Y 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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY			I6601H980985		05/01/2023	05/01/2024	EACH OCCURRENCE	\$1,00	0,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000		
		_						MED EXP (Any one person)	\$5,00	0		
		_						PERSONAL & ADV INJURY	\$1,00	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	0,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$			
									\$			
в	X UMBRELLA LIAB X OCCUR			CUP8G895478		05/01/2023	05/01/2024	EACH OCCURRENCE	\$5,00	0,000		
	EXCESS LIAB CLAIMS-M	DE						AGGREGATE	\$5,00	0,000		
С	DED X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	<u>' N</u>		4091918		05/01/2023	05/01/2024		\$ \$100,	000		
	OFFICER/MEMBER EXCLUDED?	<b>(</b> N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
D	DESCRIPTION OF OPERATIONS below			105927670		05/01/2023	05/01/2024	\$1,000,000/\$2,500 d				
U	Crime/Fidelity			105927670				\$250,000/\$5K Reten				
	CRIPTION OF OPERATIONS / LOCATIONS / V											
General Liability includes an automatic Additional Insured endorsement that provides Additional												
Insured status to the Certificate Holder, only when there is a written contract or written agreement												
between the named insured and the certificate holder and with regard to work performed by or on behalf of												
the named insured, leased property or equipment. General Liability provides a blanket Waiver of												
Subrogation in favor of the same, when required by written contract. This form is subject to any/all												
(See Attached Descriptions)												
CERTIFICATE HOLDER CANCELLATION												
AMCAP MORTGAGE LTD, DBA Major Mortgage ISAOA/ATIMA 9999 Bellaire Blvd Ste #700						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Houston, TX 77036						AUTHORIZED REPRESENTATIVE						
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## **DESCRIPTIONS (Continued from Page 1)**

respective policy provisions.

\*\*\*\*\* NO HABITATIONAL STRUCTURES ARE INSURED UNDER THIS POLICY\*\*\* The policy only contemplates the clubhouse, pool and common area structures. Please contact the association to contact the respective insurance broker that covers your particular building.

\*\* Workers Comp Information \*\* Proprietors/Partners/Executive Officers/Members Excluded: Riverwalk Master Association, Nonprofit Corporation