Client#: 1655888 RIVERMAS1

$ACORD_{in}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2024

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).

ting oci tinoute does not come any rights to the certificate no	older in fied of Saon endersement(5).				
PRODUCER	CONTACT Patricia Ayala				
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 949-668-1805 FAX (A/C, No):				
2375 E.Camelback Road, Suite 250	E-MAIL ADDRESS: patricia.ayala@usi.com				
Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE	NAIC #			
877 468-6516	INSURER A: Travelers Indemnity Company	25658			
INSURED	INSURER B: Travelers Property Cas. Co. of America	25674			
Riverwalk Master Association, Inc.	INSURER C : Pinnacol Assurance Company	41190			
2751 West Riverwalk Circle	INSURER D : Travelers Casualty & Surety Co. of Amer	31194			
Littleton, CO 80123	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE 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 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 INSURA		ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S	
Α	X	CLAIMS-MADE			I6601H980985	, ,	,	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$300,000	
								MED EXP (Any one person)	\$5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN	N'L AGGREGATE LIMIT AP	PLIES PER:					GENERAL AGGREGATE	\$2,000,000	
		POLICY PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY			I6601H980985	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		AUTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X		NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X	OCCUR		CUP8G895478	05/01/2024	05/01/2025	EACH OCCURRENCE	\$5,000,000	
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$5,000,000	
		DED X RETENTION	v \$0						\$	
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY	,		4091918	05/01/2024	05/01/2025	X PER OTH-		
	ANY	PROPRIETOR/PARTNER/	/EXECUTIVE T / IN	N/A				E.L. EACH ACCIDENT	\$100,000	
	(Ma	ndatory in NH)	<u> </u>	N/A				E.L. DISEASE - EA EMPLOYEE	\$100,000	
	If ye	s, describe under CRIPTION OF OPERATIO	NS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
D	D 8	k O			105927670	05/01/2024	05/01/2025	\$1,000,000/\$2,500 ded		
D	Cri	me/Fidelity			105927670	05/01/2024	05/01/2025	250,000/5,000 retent	t	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only where 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 respective policy (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Proof of Insurance	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		
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**************************************	DESCRIPTIONS (Continued from Page 1)						
the clubhouse, pool and common area structures. Please contact the association to contact the respective	provisions.						
