



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2025

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.

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| | | | | | |
|--|--|--|--|--------------------------------------|--|
| PRODUCER Flood and Peterson PO Box 578 Greeley CO 80632 | | CONTACT NAME: Allyson Ingram PHONE (A/C, No, Ext): (970) 356-0123 E-MAIL ADDRESS: Alngram@floodpeterson.com | | FAX (A/C, No): (970) 330-1867 | |
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | | INSURER A: Philadelphia Insurance Companies | | 18667 | |
| | | INSURER B: Philadelphia Indemnity Insurance.. | | 18058 | |
| | | INSURER C: Pinnacol Assurance | | 41190 | |
| | | INSURER D: Coalition Insurance Company | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|--|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | | |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

This certificate is issued as a matter of INFORMATION ONLY and coverages reflected are as of the date of issuance.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Blue Peaks Developmental Services, Inc. 703 East 4th St Alamosa CO 81101 | 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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| | | INSURER B: Philadelphia Indemnity Insurance.. | 18058 |
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| | | INSURER E: | |
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| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES

CERTIFICATE NUMBER: 2025-2026 Master

REVISION NUMBER:

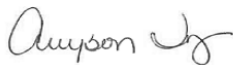
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|----------|---|--|----------|---------------------------|-------------------------|-------------------------|---|---------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | OTHER: | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

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CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Community Options 336 South 10th Street Montrose CO 81402 | 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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| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Philadelphia Insurance Companies | NAIC # 18667 |
| | | INSURER B: Philadelphia Indemnity Insurance.. | 18058 |
| | | INSURER C: Pinnacol Assurance | 41190 |
| | | INSURER D: Coalition Insurance Company | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES

CERTIFICATE NUMBER: 2025-2026 Master

REVISION NUMBER:

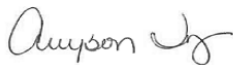
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| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| | | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
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| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
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| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
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Developmental Disabilities Resource Center is included as Additional Insured with respect to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Developmental Disabilities Resource Center 11177 W. 8th Ave. #300 Lakewood CO 80215 | 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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| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES

CERTIFICATE NUMBER: 2025-2026 Master

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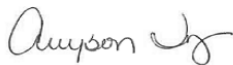
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| Envision, Creative Support for People with Developmental Disabilities 1050 37th Street Evans CO 80620 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
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| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES

CERTIFICATE NUMBER: 2025-2026 Master

REVISION NUMBER:

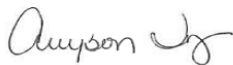
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|--|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | OTHER: | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

This certificate is issued as a matter of INFORMATION ONLY and coverages reflected are as of the date of issuance.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Foothills Gateway, Inc. 301 W. Skyway Drive Fort Collins CO 80525 | 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2025

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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 rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|--|---------------------|
| PRODUCER Flood and Peterson PO Box 578 Greeley CO 80632 | | CONTACT NAME: Allyson Ingram PHONE (A/C, No, Ext): (970) 356-0123 FAX (A/C, No): (970) 330-1867 E-MAIL ADDRESS: Alngram@floodpeterson.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Philadelphia Insurance Companies | NAIC # 18667 |
| | | INSURER B: Philadelphia Indemnity Insurance.. | 18058 |
| | | INSURER C: Pinnacol Assurance | 41190 |
| | | INSURER D: Coalition Insurance Company | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master**REVISION NUMBER:**

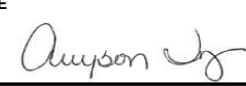
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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|---|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | OTHER: | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

This certificate is issued as a matter of INFORMATION ONLY and coverages reflected are as of the date of issuance.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Imagine! 1400 Dixon Ave Lafayette CO 80026 | 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2025

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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 rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Flood and Peterson PO Box 578 Greeley CO 80632 | | CONTACT NAME: Allyson Ingram PHONE (A/C, No, Ext): (970) 356-0123 E-MAIL ADDRESS: Alngram@floodpeterson.com FAX (A/C, No): (970) 330-1867 | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------------------------|--|--------|--|--|-------|--|--|-------|--------------------------------------|--|-------|---|--|--|-------------------|--|--|-------------------|--|--|
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Insurance Companies</td> <td></td> <td>18667</td> </tr> <tr> <td>INSURER B: Philadelphia Indemnity Insurance..</td> <td></td> <td>18058</td> </tr> <tr> <td>INSURER C: Pinnacol Assurance</td> <td></td> <td>41190</td> </tr> <tr> <td>INSURER D: Coalition Insurance Company</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Philadelphia Insurance Companies | | 18667 | INSURER B: Philadelphia Indemnity Insurance.. | | 18058 | INSURER C: Pinnacol Assurance | | 41190 | INSURER D: Coalition Insurance Company | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: Philadelphia Insurance Companies | | 18667 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: Philadelphia Indemnity Insurance.. | | 18058 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: Pinnacol Assurance | | 41190 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: Coalition Insurance Company | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master**REVISION NUMBER:**

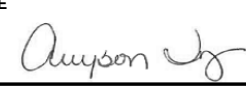
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| OTHER: | | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

Cyber coverage includes Network and Information Security which covers the protected information

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Rocky Mountain Human Services 9900 E. Iliff Ave Denver CO 80231 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>  |
|---|--|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2025

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| | | | |
|--|--|--|---------------------|
| PRODUCER Flood and Peterson PO Box 578 Greeley CO 80632 | | CONTACT NAME: Allyson Ingram PHONE (A/C, No, Ext): (970) 356-0123 FAX (A/C, No): (970) 330-1867 E-MAIL ADDRESS: Alngram@floodpeterson.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Philadelphia Insurance Companies | NAIC # 18667 |
| | | INSURER B: Philadelphia Indemnity Insurance.. | 18058 |
| | | INSURER C: Pinnacol Assurance | 41190 |
| | | INSURER D: Coalition Insurance Company | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | | |

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master**REVISION NUMBER:**

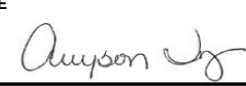
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|----------|---|--|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | OTHER: | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

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CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Starpoint 700 South 8th Street Canon City CO 81212 | 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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CERTIFICATE OF LIABILITY INSURANCE

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| | | | | |
|--|--|--|--|--------------------------------------|
| PRODUCER Flood and Peterson PO Box 578 Greeley CO 80632 | | CONTACT NAME: Allyson Ingram PHONE (A/C, No, Ext): (970) 356-0123 E-MAIL ADDRESS: Alngram@floodpeterson.com | | FAX (A/C, No): (970) 330-1867 |
| INSURED A Shared Vision: Partners in Pediatric Blindness and Visual Impairment 10135 W. 101st Dr. Westminster CO 80021 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: Philadelphia Insurance Companies | | 18667 |
| | | INSURER B: Philadelphia Indemnity Insurance.. | | 18058 |
| | | INSURER C: Pinnacol Assurance | | 41190 |
| | | INSURER D: Coalition Insurance Company | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:** 2025-2026 Master**REVISION NUMBER:**

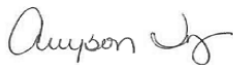
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|----------------------------|----------|---------------------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | <input checked="" type="checkbox"/> Prof. Liability \$1MM/\$3MM | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Sex Abuse \$1MM/\$1MM | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 | |
| | | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY | | | PHPK2625406-008 | 01/01/2025 | 01/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4198406 | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| D | Cyber Liability | | | C4LRV107475-CYBER-2025-02 | 01/01/2025 | 01/01/2026 | Limit | \$1,000,000 |

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

This certificate is issued as a matter of INFORMATION ONLY and coverages reflected are as of the date of issuance.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| STRIVE 790 Wellington Ave Grand Junction CO 81501 | 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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